



CHSP

CHSP – (5 YEAR) RE-CERTIFICATION DOCUMENTATION SUMMARY REPORT

This notice is to remind you to complete this Re-Certification Summary Report of your experience and educational activity for the five (5) year period from either your membership date or your last 5-year re-certification date. This report must be forwarded to the CHSP Board no later than **June 30, 2010** along with the **\$35.00** Processing Fee. Re-certification is a standard requirement of most certification programs and provides credibility to the program. The CHSP Board developed a re-certification program that is practical and not difficult to attain. If you have a problem in meeting the re-certification requirements, please contact us.

Please Note: Do not include back-up documentation with this report. However, you will be required to furnish documentation of the re-certification activities you have listed upon notice that you have been selected for an audit.

Your cooperation is appreciated to complete and return this form in order to assure your certification is in good standing and valid.

Member Name: _____

Home Address, City, State, Zip _____ Tel No _____

Company/Work Address, City, State, Zip _____ Tel No _____ Email Address _____

Current Job Title _____ Time in this Position _____ Total Years of Experience _____

James T. Tweedy, M.S.
Executive Director

RE-CERTIFICATION EXPERIENCE AND EDUCATION

For the five-year re-certification period, indicate your experience and continuous education - check one of the following:

- I 5000 hours of professional practice in safety related activities and 75 contact hours of continuing education in safety related subjects.
- II 3000 hours of professional practice in safety related activities and 100 contact hours of continuing education in safety related subjects.

Briefly describe your experience - duties and responsibilities, etc.

Briefly describe qualifying continuing educational experience and activities for the last 5 years - including college or university courses for credit; seminars and/or workshops; other training or educational experience at conferences, such as, presentations, panel discussions, etc.

Please Fill Out On Additional Page.

I Continuing Educational Activities

Course Name _____ Contact Hours _____ Date(s) Attended _____ Course Sponsor _____

II College/Universities Credit Courses

Course Name _____ Semester Hours _____ Date(s) Attended _____ Name of Institution _____

Signature _____ CHSP Number _____ Date _____

Send Check/M.O. To:
(BCHCM)
PO Box 515
Helena, AL 35080

(Pay Online at: www.chcm-chsp.org)

\$35.00 Re-certification Fee

Card Holder (Full Name) _____
Billing Zip Code _____ Visa / MasterCard/Amex (Circle One) Card # _____ Exp Date _____
3-digit Security Code _____ **Fax: 205-663-9541**

***Please Note: If you have already re-certified or are unsure please contact us for verification* information@chcm-chsp.org**