



Board of Certified Site Safety and Health Officers

PO Box 337

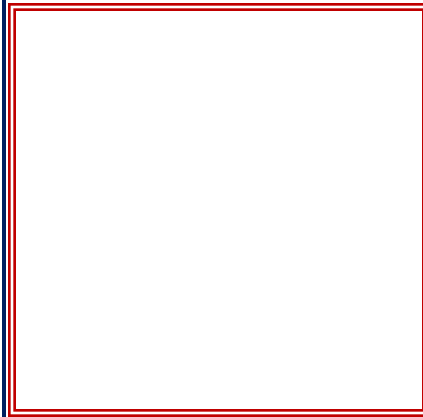
Tracy's Landing, MD 20779

Tel: 202-557-6869 Fax: 866-215-5763 Email: bcssho@bcssho.org

Certified Site Safety and Health Officer (CSSHO) Application

Use this form to register for the Certified Site Safety and Health Officer designation. Completely fill out the application, and include your payment information. You may refer to our Privacy Policy and Credit Card Payment Policy posted at www.bcssho.org. All information provided on this application is subject to audit by the BCSSHO. Knowingly providing fraudulent information will result in the revocation of the credential and lifetime prohibition from attaining the Certification.

Please attach a recent photo of yourself.



Insert photo here



Instructions for completing this form

1. Attach a recent photo of yourself in the space provided above.
2. Complete sections 1 through 9.
3. You should enter your answers into the boxes provided.
4. For any questions that may require more space than is provided, please attach a separate document or sheet as is appropriate.
5. Applications must be sent to:

Board of Certified Site Safety and Health Officers

PO Box 337

Tracy's Landing, MD 20779

or

bcssho@bcssho.org



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1. GENERAL INFORMATION		
Title:		
First Name:	Last Name:	MI:
Title:		
Employer:		
Preferred Mail Address:		
City:	State:	Postal Code:
Phone:	Cell:	Fax:
E-mail Address:		
Other Licenses and Certifications Held:		
Other Association, Organization or Group memberships:		



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2. EDUCATION:

List in chronological order the name, city and state of each educational institution beyond high school attended. For each degree claimed, attach a photocopy of an official diploma or a grade transcript. Additional specialized training courses should be documented on a separate sheet of paper. If applying for a Waiver for education requirements (experience in lieu of education), documentation may be made on the attached Experience Documentation Form. To insure you receive appropriate experience credit include experience detail explaining your roles, responsibilities, accomplishments and understanding of EM 385-1-1 safety requirements.

Safety experience equivalence for education will be determined by the Board of Certified Site Safety and Health Officers.

Date:	Institution:	City:	State:

3. SAFETY EXPERIENCE:

A copy of your resume should provide the required experience. Each employment period supporting the number of claimed years of safety experience must be documented on the attached Experience Documentation Form, and must include the following:

- Dates of employment in the safety field;
- Employer's name and address;
- Name and title of supervisor;
- Narrative description of roles and responsibilities.

4. ENDORSEMENT:

Upon submission of a CSSHO Application, applicants must have their applications endorsed by another CSSHO. If a CSSHO is not available, another qualified safety professional with knowledge of certification and accreditation or an officer of the candidate's corporation may validate/endorse the candidate's claim of professional experience.

The endorser attests that the applicant's assertions regarding professional safety experience are true to the best of their knowledge, and that the candidate is in good standing within the safety management industry. Endorsements must be submitted separately by the signing agent, and must be attached to a copy of the CSSHO Experience Documentation Form.

5. APPLICATION FEE: \$ 250.00 USD



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6. METHOD OF PAYMENT:		
Check#:	Amount \$:	US Dollars
Credit Card: Name on Card:		
MasterCard:	Visa:	
Expiration:	Expiration:	
Credit Card Authorization:		
<input type="checkbox"/> New Application: I hereby authorize a charge of \$250.00 in US dollars to my credit card as indicated above.		
<input type="checkbox"/> Annual Recertification: I hereby authorize a charge of \$90.00 in US dollars to my credit card as indicated above.		
Signature:		
7. ETHICS CERTIFICATION AND ATTESTATION:		
Please Indicate:	YES	NO
1. I agree to give the BCSSHO timely notice of any home or business address change in writing.	<input type="checkbox"/>	<input type="checkbox"/>
2. Having read the BCSSHO Code of Ethics and Code of Professional Practice, and BCSSHO policies received with this application, I hereby confirm that I have not violated any of its provision in the past, and will comply with all tenants in the future. I agree to act and conduct my safety practice in accordance with the currently adopted Codes and Policies.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand and agree that I am obligated to report in a timely manner any changes concerning my responses to this application to the BCSSHO in writing.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have specifically identified to the BCSSHO all professional and occupational licenses, certifications, registrations, or other credentials that I hold; and all professional and occupational organizations, associations and groups to which I belong or in which I am a member.	<input type="checkbox"/>	<input type="checkbox"/>
5. I have never been the subject of any professional or occupational credentialing, license, certification or registration ethics or other disciplinary matter(s) or proceeding(s).	<input type="checkbox"/>	<input type="checkbox"/>
6. I have never been convicted in any matter or proceeding of felony criminal offenses.	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the BCSSHO Board of Directors or Ethics Committee. If you have answered "NO" to any statement(s) above, please provide a written explanation in the space provided below.	<input type="checkbox"/>	<input type="checkbox"/>
Explanations:		



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8. BCSSHO PRIVACY POLICY:

I understand that a condition of certification is acceptance from the BCSSHO of all “official correspondence.” I understand that refusal to accept “official correspondence” or issuance of a demand to have my personal information removed from the BCSSHO data base will cause revocation of certification status. I further understand that a benefit of BCSSHO Certification is that limited information concerning CSSHO Certification is posted on the BCSSHO online Registry and that information concerning my certification status will be shared with employers with my approval. I also understand that the BCSSHO at times may share my contact information with outside agents promoting education and programs of interest to the safety community. I have indicated my willingness/unwillingness to be included in the BCSSHO data base, the BCSSHO published registry and to receive additional information related to the safety community as indicated below:

I give my permission for the BCSSHO to include my information in the BCSSHO internal data base and to send me all “official communication.”

I give my permission for the BCSSHO to post my name, state/province of residence, and certification title(s) information on the BCSSHO Registry.

I give my permission for the BCSSHO share USPS mail and email contact information with outside organizations promoting programs that may be of interest to the safety community and CSSHO certificate holders and registrants.

9. CERTIFICATION OF ACCURACY, AGREEMENT AND RELEASE AUTHORIZATION:

By signing this document, I hereby certify that the information provided in and attached to this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that BCSSHO has the right to contact any person, government agency/entity, or organization to review or confirm any information provided in this application. I further agree to authorize the release of any information requested by the BCSSHO with respect to the review of this application. I further understand and agree that the BCSSHO has the right to notify pertinent credentialing and professional organizations if it is determined that this application contains false information.

I understand and agree that BCSSHO certification and recertification depends upon my fulfillment of all required criteria, and obligations including compliance with the BCSSHO Code of Ethics and Code of Professional Practice. I further agree to inform the BCSSHO, in timely manner, if I become the subject of any ethics, disciplinary, criminal, or lesser offenses, complaints, or charges.

I further agree that, for research and statistical purposes only, data resulting from my participation in the certification process may be used in an anonymous/unidentifiable manner; I understand that all material becomes the property of BCSSHO upon receipt and that neither originals nor photocopies will be returned to me. In the event that my certification is suspended or revoked, I agree to comply with all directives or orders of the BCSSHO Board of Directors and Ethics Committee, including the return of all BCSSHO credentialing documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

Applicant Signature:

Date:



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CSSHO Experience Documentation Form

Note: This form may be used to document Education and Waiver for Education requirements (experience in lieu of education).

If applying for Waiver of Educational Requirements Please Check Here:

Candidate Name:

Date Submitted:

Dates of Employment:

to

Employer's Name:

Employer's Address:

City, State, Postal Code

Name of Supervisor:

Title of Supervisor:

Include a Narrative Description of your current safety responsibilities related to your safety experience. An excellent reference is your resume which documents your past experience.

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