

PROFESSIONAL BIOLOGICAL SAFETY

EXPERIENCE FORM

Name: Click here to enter text.

List each assignment in chronological order, beginning with your current position. Summarize each assignment, but give sufficient detail to signify the degree of responsibility, the nature of your decisions you are (were) required to make, and additional duties required by the position. Account for all time for at least the past 15 years, including any non-biosafety related assignments. Indicate your exact activities in each position which support the biological safety responsibilities of the position. Use a separate sheet, if necessary.

Submit this form to:

ABSA International

1200 Allanson Road

Mundelein, IL 60060

Fax: 847-566-4580

Email: [credentialing@absa.org](mailto:credentialing@absa.org)

Date of Employment—From: Click here to enter text. To: Click here to enter text.

Name of Employer: Click here to enter text.

Address: Click here to enter text.

Name/Title of Immediate Supervisor: Click here to enter text.

Position Title: Click here to enter text.

Total months in assignment: Click here to enter text.

Number of employees for which you provide safety services: Click here to enter text.

Major product of service of this employer: Click here to enter text.

Summary of work assignment (Include percent of time on biosafety):

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