

**Registered Biosafety Professional (RBP)**

**APPLICATION**

**PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: (Last) (First) ( Middle) (Maiden)**  Click here to enter text. | | | |
| **Title or Position:**  Click here to enter text. | | | **Employer:**  Click here to enter text. |
| **Work Address:**  Click here to enter text. | | | **Send mail here** |
| **Home Address:**  Click here to enter text. | | | **Send mail here** |
| **Home Phone:** Click here to enter text. | **Work Phone:**  Click here to enter text. | **Email Address:**  Click here to enter text. | |

**COLLEGE EDUCATION**

To receive educational credit, a certified transcript must be sent directly from the college or university to ABSA International.   
E-transcripts can be sent to [Credentialing@absa.org](mailto:Credentialing@absa.org).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of College / University | Attended From | Attended To | Academic Years Completed | Course / Major | Degree(s) Earned | Transcripts Requested: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Yes  No |

**PROFESSIONAL DEVELOPMENT COURSE WORK**

Use separate sheet if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date(s) | Title(s) | Topic(s) Covered | Class Duration  (# of Hours) | Instructor / Sponsor |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**CURRENT PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES**

(e.g., Sanitarian, Medical Technologist, Infection Control Specialist, etc.)

Use separate sheet if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate Number | Type | Issued By | Date Issued |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Have you ever had professional registration or certification denied, suspended or revoked other than for lack of minimum qualification, failure to renew, or failure of examination?  Yes  No

If the answer is YES, explain fully on a separate sheet.

**SPECIAL ACHIEVEMENTS**

List books, book chapters, publications, patents, etc.

|  |
| --- |
| Title & Description |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**PROFESSIONAL SOCIETIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Year Joined / Elected | Type of Membership | Position(s) Held / Dates |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**PROFESSIONAL REFERENCES**

A minimum of two references are required to be completed and returned using the Professional Reference Questionnaire form. One reference must be from your current supervisor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name / Title  Institution Address | Professional  Relationship | Length Known (Years / Months) | RBP | CBSP | Phone Number |
| Click here to enter text. | Current Supervisor | Years      Months | YES  NO | YES  NO | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Years      Months | YES  NO | YES  NO | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Years      Months | YES  NO | YES  NO | Click here to enter text. |

**Specialty**

Indicate the one area you consider your primary specialty   
(e.g., Biological Safety, Occupation Safety, Industrial Hygiene, Infection Control, etc.)

|  |
| --- |
| Click here to enter text. |

I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the ABSA International (ABSA) to contact any third parties as may be appropriate to verify the information submitted. I understand that any falsification of information in this application (or attachments) may be cause for rejection or withdrawal of registration.

I understand that registration of my credentials is neither an endorsement nor affirmation by ABSA of my professional competency, but that I have presented credentials which meet the minimal requirements to be considered by ABSA as a "Registered Biological Safety Professional."

I further agree to hold ABSA harmless from any and all liability in the event that this application is rejected on the basis of information furnished by me or third persons which would, in the judgment of the Association, make me ineligible for registration, and from any and all liability arising from the publication or distribution of information provided by me to any third party.

Although every reasonable effort will be made to keep my application confidential prior to registration, I understand that ABSA is under no obligation to keep confidential any statements, material, information, etc. that I may submit.

Upon approval of my application for registration, I hereby authorize the Association to disclose the information I have provided in accordance with its practices, rules and regulations as may be amended from time to time.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

A nonrefundable application fee of $75.00 must accompany the application. Application fee can be paid online at https://www.absa.org/store.html or by check payable in funds drawn from a U.S. bank to: ABSA International. Application and supporting documents should be sent to: ABSA International, 1200 Allanson Road, Mundelein, IL 60060 or [credentialing@absa.org](mailto:credentialing@absa.org).

**BIOLOGICAL SAFETY EXPERIENCE**

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.

Date of Employment (Month/Year)—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:        **#** of months

Number of Employees for which you provide safety services:        **#** employees

Percentage of time spent on Biological Safety:       **%**

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

Descriptive summary of work assignment: Click here to enter text.

Date of Employment (Month/Year)—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:        **#** of months

Number of Employees for which you provide safety services:        **#** employees

Percentage of time spent on Biological Safety:       **%**

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

Descriptive summary of work assignment: Click here to enter text.

Date of Employment (Month/Year)—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:        **#** of months

Number of Employees for which you provide safety services:        **#** employees

Percentage of time spent on Biological Safety:       **%**

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

Descriptive summary of work assignment: Click here to enter text.

Date of Employment (Month/Year)—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:        **#** of months

Number of Employees for which you provide safety services:        **#** employees

Percentage of time spent on Biological Safety:       **%**

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

Descriptive summary of work assignment: Click here to enter text.

Date of Employment (Month/Year)—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:        **#** of months

Number of Employees for which you provide safety services:        **#** employees

Percentage of time spent on Biological Safety:       **%**

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

Descriptive summary of work assignment: Click here to enter text.

Date of Employment (Month/Year)—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:        **#** of months

Number of Employees for which you provide safety services:        **#** employees

Percentage of time spent on Biological Safety:       **%**

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

Descriptive summary of work assignment: Click here to enter text.