

**CERTIFIED BIOLOGICAL SAFETY PROFESSIONAL (CBSP) EXAM**

**APPLICATION**

**PERSONAL DATA**

|  |  |
| --- | --- |
| Name: | |
| Employer: | |
| Title or Position: | |
| Home Address: | City, State, Zip: |
| Work Address: | City, State, Zip: |
| Home Phone: | Work Phone: |
| Fax: | Email: |

Which address do you want used for correspondence from ABSA International?  HOME  WORK

Which phone number do you want used?  HOME  WORK

**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 | Course / Major | Degree(s) Earned |
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**PROFESSIONAL DEVELOPMENT COURSE WORK**

Use separate sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date(s) | Title(s) | Topic(s) Covered | Class Duration  (# of hours) | Instructor / Sponsor |
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**SPECIAL ACHIEVEMENTS**

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

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| --- |
| Title & Description |
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**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.

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| --- | --- | --- | --- | --- | --- |
| Name / Title  Institution Address | Professional  Relationship | Length Known (Years / Months) | RBP | CBSP | Phone Number |
|  | Current Supervisor | Years     Months | YES  NO | YES  NO |  |
|  |  | Years     Months | YES  NO | YES  NO |  |
|  |  | Years     Months | YES  NO | YES  NO |  |

Signature of Applicant: Date:

Please return to: ABSA International, 1200 Allanson Road, Mundelein, IL 60060-3808

or

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

**BIOLOGICAL SAFETY EXPERIENCE**

Show history of your safety career to date, accounting for all time during the last 15 years including any breaks or lapses in your safety experience. Provide sufficient details summarizing each position.   
Be descriptive. Do not use this space merely to refer to an attachment(s).

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| --- | --- | --- | --- | --- |
| Dates of Employment | | | | |
| From: (MM/YYYY) | |  | To: (MM/YYYY) |  |
| Employer Name: |  | | | |
| Position Title: |  | | | |
| Total Months in Assignment: | | | | Months |
| Number of Employees for which you provide safety services: | | | |  |
| Percent of time spent on Biological Safety: | | | | % |
| Summary of Work Assignment: | | | | |
|  | | | | |
| **Dates of Employment** | | | | |
| From: (MM/YYYY) | |  | To: (MM/YYYY) |  |
| Employer Name: |  | | | |
| Position Title: |  | | | |
| Total Months in Assignment: | | | | Months |
| Number of Employees for which you provide safety services: | | | |  |
| Percent of time spent on Biological Safety: | | | | % |
| Summary of Work Assignment: | | | | |
|  | | | | |
| **Dates of Employment** | | | | |
| From: (MM/YYYY) | |  | To: (MM/YYYY) |  |
| Employer Name: |  | | | |
| Position Title: |  | | | |
| Total Months in Assignment: | | | | Months |
| Number of Employees for which you provide safety services: | | | |  |
| Percent of time spent on Biological Safety: | | | | % |
| Summary of Work Assignment: | | | | |
| **Dates of Employment** | | | | |
| From: (MM/YYYY) | |  | To: (MM/YYYY) |  |
| Employer Name: |  | | | |
| Position Title: |  | | | |
| Total Months in Assignment: | | | | Months |
| Number of Employees for which you provide safety services: | | | |  |
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| Total Months in Assignment: | | | | Months |
| Number of Employees for which you provide safety services: | | | |  |
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| Summary of Work Assignment: | | | | |
|  | | | | |
| **Dates of Employment** | | | | |
| From: (MM/YYYY) | |  | To: (MM/YYYY) |  |
| Employer Name: |  | | | |
| Position Title: |  | | | |
| Total Months in Assignment: | | | | Months |
| Number of Employees for which you provide safety services: | | | |  |
| Percent of time spent on Biological Safety: | | | | % |
| Summary of Work Assignment: | | | | |