

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

**APPLICATION**

**PERSONAL DATA**

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| --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name / TitleInstitution 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

**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: |       |
| 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:       |