



REGISTERED BIOSAFETY PROFESSIONAL (RBP) APPLICATION

PERSONAL DATA

Last Name:	First Name:	Maiden or other names used:
Employer Name:		Position or Title:
Employer Address:		Preferred Mailing Address:
Preferred Phone:		Preferred Email:
Do you currently hold the CBSP(ABSA) credential? Yes No		
If you have ever held the RBP(ABSA) and would like to recertify, contact credentialing@absa.org for additional information.		
Initial to attest you have never held the RBP(ABSA) credential at any time.		

COLLEGE EDUCATION

To receive educational credit, transcripts(s) must be in a relevant biological science (i.e., biology, microbiology, molecular biology, physiology, pathology) as defined in the [RBP criteria](#). Certified transcripts must be sent directly from the college or university to ABSA International. For an applicant providing transcripts from an institution outside the United States or Canada, verification of the degree(s) program report is required and must be in English. To locate a transcript evaluation service, contact a [N.A.C.E.S](#) organization for assistance. E-Transcripts are accepted at credentialing@absa.org and do not need to be submitted with application. All transcripts are reviewed on a case-by-case basis.

Name of College / University	Dates Attended	Course / Major	Degree(s) Earned

BIOSAFETY RELATED ACTIVITIES

List **only** biosafety / biosecurity webinars, trainings, conferences/symposiums, etc. This list should include at *least* the last three years or as needed to demonstrate professional growth. (Use additional form if needed)

Date(s) of Attendance	Title of Course / Activity	Class Duration (# of hours)	Instructor / Sponsor

SPECIAL ACHIEVEMENTS

List **only** biosafety / biosecurity books, book chapters, publications, patents, etc. (Use additional form if needed)

Title & Description

BIOLOGICAL SAFETY ASSOCIATIONS

List **only** if you are/were an ABSA member or an ABSA Affiliate member. If you are interested in becoming an ABSA member, please refer to the membership information posted on our website.

Name of Organization	Dates of Membership

PROFESSIONAL REFERENCES

A minimum of two (2) references are required and must be returned directly from the individual completing the reference questionnaire form. One (1) reference **must** be from your current immediate supervisor. References from subordinates and/or personal references are **not** accepted. If you are self-employed, reference should be from someone familiar with your professional biosafety background. List all references who will be submitting the questionnaire. The Credentialing Evaluation Board may request additional references. *Applicants are responsible for distributing out questionnaires for completion.*

Name / Title Institution Address	Professional Relationship	Length Known	Contact Information
	Current Immediate Supervisor		Phone:
			Email:
			Phone:
			Email:
			Phone:
			Email:

Specialty

Indicate the area you consider to be your primary specialty. (e.g., Biological Safety, Occupational Safety, Industrial Hygiene, Infection Control)

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

Date:

Please Note: The \$150.00 application fee is non-refundable and is **only** accessible **after** contacting credentialing and requesting an invoice for the application fee. All application documents can be sent via email to: credentialing@absa.org or by U.S. Post to: ABSA International, 1200 Allanson Road, Mundelein, IL 60030. Professional References should come directly from the individual completing the form. If paying by check, make payable to **ABSA International**. Any and all funds must be drawn from a U.S. bank.

BIOLOGICAL SAFETY EXPERIENCE

Provide a history of your career to date, including any lapses in your employment and beginning with your current position. In your own words, describe your biosafety program management experience in each position as well as what biosafety duties are involved with each role and the percentage of time spent performing these tasks. Do not cut and paste duties from your job description. If positions overlap, define the time (percentage) spent at each position during the overlap (must not exceed 100%). If employed part time, include the number of hours each week. Do not submit a CV in lieu of completing this portion.

Start Date of Employment: (include month/year)	End Date of Employment: (include month/year)
Employer Name:	
Position / Title:	
Total Months in Assignment:	months
Number of Employees for which you provide safety services:	
Overall* percentage of time spent on biological safety:	
In the table below, provide a description of your overarching biosafety responsibilities, list the specific duties involved, and the percentage of time spent. Be clear, concise, and do not list non-biosafety tasks. Be sure the overall* percentage and the biosafety responsibilities percentages match.	

Overarching Biosafety Responsibilities	Specific Duties Involved	%
e.g. Training	Bloodborne pathogens, PPE selection and use, biosafety cabinets usage – courses developed, delivered, and tracked.	15

Overall Total Percent

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