



CERTIFIED BIOLOGICAL SAFETY PROFESSIONAL (CBSP) EXAM APPLICATION

PERSONAL DATA

Last Name:	First Name:	Other Names Used:
Employer:	Title or Position:	
Employer Address:	Preferred Mailing Address:	
Preferred Phone:	Preferred Email:	
Do you currently hold the RBP(ABSA) credential?		
Yes	No	

COLLEGE EDUCATION

To receive educational credit, a certified transcript must be sent directly from the college or university to ABSA International. Unofficial/student transcripts will not receive credit. E-transcripts can be sent to credentialing@absa.org. For an applicant providing transcripts from a college or university outside the United States, verification of the degree(s) program report is required and **must** contain a course-by-course report and must be in English (provide an English translation for any transcript not in English). Any evaluation company accepted by the [National Association of Credential Evaluation Services](#) is acceptable to evaluate academic credentials.

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

Specify Under which criteria you seek certification? (Select only one)

	Master's degree or Doctorate with 30 semester hours or 45 quarter hours in microbiology AND four (4) years within the past seven (7) full-time, post-baccalaureate experience as a professional with at least 51% time spent in biosafety program management; or
	Bachelor's degree (BS or BA) with 20 semester hours or 30 quarter hours of microbiology AND seven (7) years within the past ten (10) full-time, post-baccalaureate experience as a professional with at least 51% time spent in biosafety program management; or
	Bachelor's degree (BS or BA) with six (6) semester hours or nine (9) quarter hours of microbiology AND fifteen (15) years within the past 20 full-time, post-baccalaureate experience as a professional with at least 51% time spent in biosafety program management.

PROFESSIONAL REFERENCES

A minimum of three references are required to be completed and returned using the [Professional Reference Questionnaire Form](#). One reference must be from your current immediate supervisor. Personal references and references from subordinates are not accepted. If you are self-employed, it should be from someone familiar with your professional biological safety background. List all references who will be submitting questionnaires. The Credentialing Evaluation Board may request additional references. Applicants are responsible for distributing out questionnaires for completion. Questionnaires should be submitted to the [ABSA Office](#) directly by the individual completing the form to be considered.

Reference 1		Professional Relationship
Name / Title:		Current Immediate Supervisor
Email:	Length Known:	
Institution Address:		
Reference 2		Professional Relationship
Name / Title:		
Email:	Length Known:	
Institution Address:		
Reference 3		Professional Relationship
Name / Title:		
Email:	Length Known:	
Institution Address:		

PLEASE NOTE: All application materials must be received by the ABSA Office by February 1 to be considered. All relevant criteria should be met by May 31 to examine in the month of June.

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 certification 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 "Certified Biosafety Professional (CBSP)".

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 certification, 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 certification 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:
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To pay the \$100.00 CBSP application fee, contact credentialing@absa.org to request an invoice. This fee is non-refundable and can be paid by check payable to ABSA International in funds drawn from a U.S. Bank or via credit card.

Candidates are notified via email when complete applications are submitted to the Board for review.

Upon approval of your CBSP application, you will be advised on paying the \$500.00 exam fee.

Applications and supporting documentations can be emailed to credentialing or mailed via U.S. Post to: ABSA International, Attn: Credentialing, 1200 Allanson Road, Mundelein, IL 60060.

There will be a maintenance fee of \$25.00 for each calendar year after you receive the CBSP designation (\$25.00 per credential per year).

BIOSAFETY EXPERIENCE

Show history of your safety career to date, including any lapses in your employment. Account for the length of time that correlates to the criteria selected for certification. You must have a minimum of 51% of your time performing biosafety activities for the time to be counted towards certification.

Start Date of Employment:		End Date of Employment:	
Employer Name:			
Position / Title:			
Total Months in Assignment:			
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	%
Total Overall* Percentage		

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