

DO NOT SUBMIT SUPPORT DOCUMENTATION WITH WORKSHEET

Please see *Recertification Guide* for specific point details. **You must sign and date the last page of this worksheet.**

Name _____ Certification Type _____ Certification # _____

Mailing Address _____

City _____ Phone: Home _____ Work _____

State/Province _____ Mobile _____ Fax _____

Zip/Postal Code _____ Country _____ Email(s) _____

SUMMARY OF POINTS

Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Category 7	Category 8	Category 9	Category 10	TOTAL

Category 1. Professional Safety Practice

**Maximum Points Allowed: 2 per year
10 per cycle**

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Office Use Only

If you are engaged in acceptable safety practice, you receive 2 Recertification points for a full year.

Date (Year)	Position Title	Name of Employer	Brief Description of Safety Practice	Points Claimed	

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Points Claimed for Category 1	No More Than 10 Points	
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Category 2. Membership in Safety Organizations

**Maximum Points Allowed: 1 per year
5 per cycle**

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National Organizational Membership:

The maximum points you can claim for **each year** for all memberships is 1.

Organization	Dates of Membership	No. of Years	Multiply Years X 1 = Total Points	Points Claimed	
			x 1		
			x 1		

Regional, State, or Local Organizational Membership:

The maximum points you can claim for **each year** for all memberships is 1.

Organization	Dates of Membership	No. of Years	Multiply Years X 0.50 = Total Points	Points Claimed	
			x 0.50		
			x 0.50		

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Points Claimed for Category 2	No More Than 5 Points	
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Category 3. Voluntary Professional Service: To BCSP or Other Organizations

**Maximum Points Allowed: 2 per year
10 per cycle**

Organization or Conference	Nat'l	Regional, State or Local	Service Performed	Dates of Service Start - End (MM/YY - MM/YY)	Points Claimed	
Service to BCSP	Service Performed		Dates of Service (Start & End MM/YY)	Points Claimed		

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Points Claimed for Category 3	No More Than 10 Points	
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Category 4. Publications, Conference Presentations, and Patents

Maximum Points Allowed: No Limit

Title of Paper, Book, or Chapter	Name of Journal, Book, or Proceeding	Number of Authors or Editors	Publication Dates (MM/DD/YY)	Points Claimed	
Conference	Presentations/Session Chair		Attendance Dates (MM/DD/YY)	Points Claimed	
Patent Name	Patent Type	Number of Inventors	Date Issued (MM/DD/YY)	Points Claimed	

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Points Claimed for Category 4	
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Category 5. Service to BCSP

Maximum Points Allowed: No Limit

Examination for which the Items were Submitted	Number of Stand-alone Items Accepted	Number of Scenarios Accepted with 3 or More Items	Date Submitted for Credit (MM/DD/YY)	Points Claimed	

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Points Claimed for Category 5	
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Category 8. Attend College or University Courses

Maximum Points Allowed:

Student: No Limit
Teacher: No Limit
Developer: 3 per year

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All college/university courses must be from an institution whose accreditation is accepted by BCSP.

Institution	Course Title	Date Completed (MM/DD/YY)	No. of Semester or Quarter Hours (Specify)	Role: Student Teacher Developer	Points Claimed	

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Points Claimed for Category 8	
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Category 9. Complete an Advanced Degree

Maximum Points Allowed: No Limit

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The degree must be awarded by an institution whose accreditation is accepted by BCSP.

Institution	Degree	Major	Date Awarded (MM/DD/YY)	Points Claimed	

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Points Claimed for Category 9	
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Category 10. Achieving Additional Certification or License

Maximum Points Allowed: No Limit

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Office Use Only

Examination Passed or Certification or Registration Achieved	State or Board	Date Examination Passed (MM/DD/YY)	Points Claimed	

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Points Claimed for Category 10	
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I attest that the information submitted is true and complies with the most recent Recertification requirements. I understand that my certification may be invalidated if I am unable to provide objective evidence of these activities if audited. I am aware that it is my responsibility to keep BCSP informed of my current mail and email address as well as to disclose any criminal convictions issued by a court in accordance with BCSP's Criminal Conviction and Unethical Behavior Policy. I further agree to adhere to the Board of Certified Safety Professional's *BCSP Code of Ethics* in its current and subsequent editions, available at www.bcsp.org/About.

NAME (please print) _____ Cert. Type _____ Cert.# _____

Signature _____ Date _____