



## APPLICATION FOR CERTIFICATION

### Safety Consultant / Safety Engineer

Pursuant to RSMo 287.123 and 8 CSR 50-7.060, the following information is required in order to process an application for certification of Safety Engineers and Consultants. The application must be typewritten. When applying for certification as a safety engineer, the applicant must be licensed by the Missouri Board for Architects, Engineers, Surveyors, and Landscape Architects. If the applicant is found qualified for certification, the Missouri Workers' Safety Program (MWSP) will provide a certificate and include the consultant's name on the Registry of Safety Consultants and Engineers.

<b>PART I: PERSONAL INFORMATION</b>		
APPLICATION FOR: <input type="checkbox"/> Safety Engineer <input type="checkbox"/> Safety Consultant	DATE	
NAME	PRESENT EMPLOYER	
DATE OF BIRTH	TITLE OF POSITION	
HOME ADDRESS <i>(Street, City, State, ZIP)</i>	BUSINESS ADDRESS <i>(Street, City, State, ZIP)</i>	
HOME PHONE	BUSINESS PHONE	
PERSONAL E-MAIL	WORK E-MAIL	FAX
Do you prefer to receive correspondence from the MWSP at: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Have you been a defendant in a civil suit involving your professional activity or conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If "Yes," you must provide a certified copy of the judgment. If the case is not final, you must provide a certified copy of the complaint and the clerk's docket sheet.</b>
Are you a United States citizen or legal alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony during the 10 years preceding this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Upon certification, your name will be placed on the Missouri Registry of Safety Professionals. The Registry is available online and upon request to any Missouri employer. Employers use the Registry as a resource when seeking consultation services. Which contact information do you prefer to be used on the registry? <input type="checkbox"/> Home <input type="checkbox"/> Work		
Do you wish to be identified as an available independent consultant/engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," please provide your area(s) of expertise:		
<b>PART II: PROFESSIONAL REGISTRATION OR CERTIFICATION</b>		
Please check each applicable item. Enclose a copy of current registration or certification. Information is subject to verification by the Missouri Workers' Safety Program.		
<input type="checkbox"/> Registered Professional Engineer	REGISTRATION #	STATE
<input type="checkbox"/> Certified Safety Professional	CERTIFICATE #	ISSUED BY
<input type="checkbox"/> Certified Industrial Hygienist	CERTIFICATE #	ISSUED BY
<input type="checkbox"/> Certified Occupational Health Nurse	CERTIFICATE #	ISSUED BY
<input type="checkbox"/> Certified Occupational Health Physician	CERTIFICATE #	ISSUED BY

**PART III: COLLEGE EDUCATION**

The applicant is responsible for requesting and submitting an authenticated copy of their diploma/certificate OR transcript from each college or university. Transcripts must be received by the Missouri Workers' Safety Program directly from the college or university.

College/University	City and State	Dates Attended	Hours/Years Completed	Major	Degree Earned

**PART IV: CURRENT CONSULTING PRACTICE**

Your employer may be contacted to verify information provided. Please list your current position.

EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT to	TITLE	TYPE OF BUSINESS	
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER	
EMPLOYER WEBSITE		SUPERVISOR'S E-MAIL ADDRESS	

**DESCRIPTION OF EXPERIENCE**

**INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS** *(Total shall not exceed 100%.)*

- Safety & Health Administration and Management \_\_\_\_\_
- Safety & Health Training and Education \_\_\_\_\_
- Accident Investigation and Statistical Reporting \_\_\_\_\_
- Safety & Health Program Evaluation \_\_\_\_\_
- Safety & Health Program Design \_\_\_\_\_
- Hazard Identification \_\_\_\_\_
- Hazard Elimination and Control \_\_\_\_\_
- Environmental Protection \_\_\_\_\_
- Other *(describe)* \_\_\_\_\_

For the three areas in which you spend the most time, please provide a brief description of your duties and give specific examples.

**PART V: ACADEMIC EXEMPTION**

**If you do not have a bachelor's, master's, or doctorate degree from an accredited institution in safety, industrial hygiene, or safety engineering or if you do not hold one of the above mentioned certifications, you will need to complete this academic exemption section.** I am requesting an academic exemption.  Yes  No

Employers may be contacted to verify information provided. Please list each position beyond your present practice to account for at least three years of occupational safety and health experience. Attach additional sheets if necessary.

EMPLOYER		ADDRESS
DATE OF EMPLOYMENT to	TITLE	TYPE OF BUSINESS
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER
EMPLOYER WEBSITE		SUPERVISOR'S E-MAIL ADDRESS

**DESCRIPTION OF EXPERIENCE** **INDICATE THE PERCENTAGE OF TIME SPENT IN THE FOLLOWING AREAS** *(Total shall not exceed 100%.)*

- Safety & Health Administration and Management \_\_\_\_\_
- Safety & Health Training and Education \_\_\_\_\_
- Accident Investigation and Statistical Reporting \_\_\_\_\_
- Safety & Health Program Evaluation \_\_\_\_\_
- Safety & Health Program Design \_\_\_\_\_
- Hazard Identification \_\_\_\_\_
- Hazard Elimination and Control \_\_\_\_\_
- Environmental Protection \_\_\_\_\_
- Other (*describe*) \_\_\_\_\_

For the three areas in which you spend the most time, please provide a brief description of your duties and give specific examples.

Provide information on a client who can act as a reference for your professional consulting experience.	
BUSINESS	ADDRESS
DATES OF SERVICE	TYPE OF BUSINESS
NAME OF CONTACT	CONTACT PHONE NUMBER
CONTACT WEBSITE	CONTACT E-MAIL ADDRESS

**DESCRIPTION OF SERVICES PROVIDED**

Please provide any additional information that you feel will reflect favorably on your application. This could include alternative certifications to those listed above or training courses attended that demonstrate your commitment to the safety and health profession. Please include any necessary certificates with the application.

I certify that the statements above, including any attachments submitted, are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application, or statements, may be cause for rejection or withdrawal of certification. I further agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Notary Seal

Notary Signature \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

*Missouri Division of Workers' Compensation is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.*