



So Ca Industrial Safety Society 3553 Atlantic Ave # 579 Long Beach CA 90807-5605 Ph 562-355-1879 Fax 562-684-4097	Registered or (Entry Level) Safety, Health, Environmental Practitioner APPLICATION
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Note: The Application must be typed or legibly printed and submitted on this form. Accompanying the application must be the \$75 application fee, plus \$40 SCISS membership fee, **a copy of your diploma and/or applicable certificates** (unless a copy of a current certification card is provided), the complete Job Experiences form, and the Reference forms. Mail to the SCISS, 3553 Atlantic Ave # 579 Long Beach CA 90807-5605.

<input type="checkbox"/> For Full Registration	<input type="checkbox"/> Entry Level Designation
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PERSONAL INFORMATION	
NAME (Last, First, Middle)	
ORGANIZATION (Include name and Mailing Address)	
HOME ADDRESS (Include Apartment or Box No.)	
City - ZIP Code	
MAIL PREFERENCE: <input type="checkbox"/> Work <input type="checkbox"/> Home	
Social Security Number	Date of Birth (mm-dd-yyyy)
HOME TELEPHONE (Area code - Number)	WORK TELEPHONE (Area code - Number)
FAX Number	E-MAIL

EDUCATION (UNDERGRAD/GRADUATE)	
1. COLLEGE/UNIVERSITY (Name, City, State)	DATES ATTENDED (From - To) (Month/Year)
NO. ACADEMIC YEARS COMPLETED	MAJOR/COURSE OF STUDY
DEGREE RECEIVED	
2. COLLEGE/UNIVERSITY (Name, City, State)	DATES ATTENDED (From - To) (Month/Year)
NO. ACADEMIC YEARS COMPLETED	MAJOR/COURSE OF STUDY
DEGREE RECEIVED	

REFERENCES [Minimum of three (3), including immediate supervisor, who have knowledge of work and work products of candidates; form may be duplicated, typed or printed legibly, and mailed to SCISS. 3

RELATIONSHIP Supervisor First	NAME	TITLE	PERIOD COVERED

CURRENT LICENSES, REGISTRATIONS, CERTIFICATIONS	CURRENT MEMBERSHIPS IN PROFESSIONAL SOCIETIES
CHCM _____ PE _____ OTHER _____	SCISS _____ ACGIH _____ REA _____
CHP _____ CRSP _____ OTHER _____	ASSE _____ HFS _____ AIHA _____
CIH _____ OHST _____ OTHER _____	NSMS _____ HPS _____ OTHER _____
CSP _____ CHST _____ OTHER _____	NSC _____ CSSSP _____ OTHER _____

PRINCIPLE SPECIALTY (Safety, Health, Environmental) {Select one best describing your overall qualification}
 Safety Management _____ Environmental _____ Industrial Hygiene _____ Transportation Safety _____
 Occupational Safety _____ General Safety _____ Process Safety _____ Other _____
 Product Safety _____ System Safety _____ Construction Safety _____

PERSONAL CERTIFICATION

I certify that the statements above, together with any attachments, are accurate to the best of my knowledge. The institute is authorized to verify any information submitted. I fully understand that any falsification of information in this application or its attachments may be cause for rejection or withdrawal of certification consideration.

I understand that the Institute shall be held harmless for any and all liability should this application be rejected on the basis of information provided hereon or by third parties, make me, in the judgment of the Institute ineligible for certification.

_____ Date

_____ Signature

Subscribed and sworn before me this _____ day of _____, 19 _____

(Seal)

_____ Notary Public

PAYMENT INFORMATION
 Payment in the form of _____ Check or _____ Money Order is enclosed covering the following.
 _____ \$75 Non-Refundable Application Fee
 _____ \$40 SCISS Membership Fee

TOTAL AMOUNT ENCLOSED	\$ _____
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Registered or (Entry Level)
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JOB EXPERIENCES

Note: Please list each position for which you are seeking professional safety, health, environmental experience credit. Work backward chronologically from your present position, using a separate section for each position for the same employer. Please type or legibly print.

APPLICANT -- First Name	MI	Last Name	Social Security Number

Current Position

Dates Employed From To	Title of Position	Employer / Address	
Type of Position ____ Full-time ____ Part-time	No. Hours / Week	No. Employees	Name of Supervisor

Professional Safety, Health, Environmental Experience (Percentage of time totaling 100%)

____ % Safety/Health Program Design	____ % Hazard Evaluation	____ % Function, other than Safety, Health, Environmental (Indicate)
____ % Safety/Health Program Evaluation	____ % Hazard Control Design	
____ % Safety/Health Communication	____ % Hazards Control Verification	
____ % Investigation/Statistical Reporting	____ % Safety Training & Education	
____ % Hazard Identification	____ % Environmental Protection	

Provide description of work covering three areas above where most time spent. Provide examples of products in each area.

Other Position

Dates Employed From To	Title of Position	Employer / Address	
Type of Position ____ Full-time ____ Part-time	No. Hours / Week	No. Employees	Name of Supervisor

Professional Safety, Health, Environmental Experience (Percentage of time totaling 100%)

____ % Safety/Health Program Design	____ % Hazard Evaluation	____ % Function, other than Safety, Health, Environmental (Indicate)
____ % Safety/Health Program Evaluation	____ % Hazard Control Design	
____ % Safety/Health Communication	____ % Hazards Control Verification	
____ % Investigation/Statistical Reporting	____ % Safety Training & Education	
____ % Hazard Identification	____ % Environmental Protection	

Provide description of work covering three areas above where most time spent. Provide examples of products in each area.



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Registered or (Entry Level)
 Safety, Health, Environmental
 Practitioner **JOB**
EXPERIENCE (continued)

Other Position

Dates Employed		Title of Position		Employer / Address
From				
To				
Type of Position	No. Hours / Week	No. Employees	Name of Supervisor	
_____ Full-time _____ Part-time				

Professional Safety, Health, Environmental Experience (Percentage of time totaling 100%)

_____ % Safety/Health Program Design _____ % Hazard Evaluation _____ % Function, other than Safety, Health, Environmental (Indicate)

_____ % Safety/Health Program Evaluation _____ % Hazard Control Design

_____ % Safety/Health Communication _____ % Hazards Control Verification

_____ % Investigation/Statistical Reporting _____ % Safety Training & Education

_____ % Hazard Identification _____ % Environmental Protection

Provide description of work covering three areas above where most time spent. Provide examples of products in each area.

Other Position

Dates Employed		Title of Position		Employer / Address
From				
To				
Type of Position	No. Hours / Week	No. Employees	Name of Supervisor	
_____ Full-time _____ Part-time				

Professional Safety, Health, Environmental Experience (Percentage of time totaling 100%)

_____ % Safety/Health Program Design _____ % Hazard Evaluation _____ % Function, other than Safety, Health, Environmental (Indicate)

_____ % Safety/Health Program Evaluation _____ % Hazard Control Design

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_____ % Hazard Identification _____ % Environmental Protection

Provide description of work covering three areas above where most time spent. Provide examples of products in each area.

APPLICANT'S EXPERIENCE APPRAISAL (Not applicable to student applications)

Position /Title of Applicant	Primary Function in Position	Full-time Position (40 hr./week+)
	Est. Percent of time spent in appraised position %	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe position and applicant's responsibilities being evaluated.

Does or did applicant have other work activities outside safety-related duties?

Yes No

Does applicant possess any known or obviously significant technical deficiencies?

Yes No

Does applicant possess any known or obviously significant professional deficiencies?

Yes No

Use this space to provide additional comments about the applicant.