



*The International Society of Mine Safety Professionals*

PO Box 772, Jasper, GA 30143 706-253-3675; fax: 706-253-2678

**Mine Safety Professional Examination Application Form**

**A. APPLICANT PERSONAL DATA**

Last Name		First Name		Middle Name/Initial		BIRTH DATE	
<b>U.S. Address</b>	Street Address (Home)	Apt.	Box No.	City	State (U.S.)	Zip Code	
<b>Outside U.S.</b>	Street Address (Home)	Province (if applicable)		Country		Postal Code	
Home Phone (Area Code/No)	Work Phone (Area Code/No)	FAX (Area Code/No)		PHONE NUMBERS: For countries outside U.S., please include country and city codes.			
EMAIL ADDRESS		Type of Mine: Coal, Metal, Non-Metal, Sand & Gravel					

**B. COLLEGE EDUCATION** (If you are seeking credit toward this designation, you must enclose a certified transcript.)

College or University (Name, City, State, Country)	Dates Attended		Number of Academic Years Completed	Course of Study or Major	Degree Earned	Transcript (Check One)
	From Mo/Yr	To Mo/Yr				
						<input type="checkbox"/> Enclosed <input type="checkbox"/> School sending <input type="checkbox"/> Not sending any
						<input type="checkbox"/> Enclosed <input type="checkbox"/> School sending <input type="checkbox"/> Not sending any

**C. SUMMARY OF PROFESSIONAL SAFETY EXPERIENCE**

(You must complete an Experience Form for each position listed.)

	POSITION (Most recent position first)	EMPLOYER	START DATE (Mo/Yr)	END DATE (Mo/Yr)	MONTHS IN POSITION
1.					
2.					
3.					

**D. PROFESSIONAL REFERENCES (List persons who are providing a Reference Form.)**

	PROFESSIONAL RELATIONSHIP	REFERENCE NAME	TITLE	PERIOD COVERED
1.				
2.				
3.				

**E. CURRENT LICENSE, REGISTRATIONS, & CERTIFICATIONS (Check all that apply. Attach copy for credit.)**

<input type="checkbox"/> CIH	<input type="checkbox"/> PE	<input type="checkbox"/> NEBOSH	<input type="checkbox"/> OHST	<input type="checkbox"/> WSO
<input type="checkbox"/> CHP	<input type="checkbox"/> CRSP	<input type="checkbox"/> SISO	<input type="checkbox"/> CHST	<input type="checkbox"/> OTHER

**F. PROFESSIONAL MEMBERSHIPS (Check all current memberships.)**

<input type="checkbox"/> ASSE	<input type="checkbox"/> HPS	<input type="checkbox"/> SFPE	<input type="checkbox"/> IIE	<input type="checkbox"/> AIHA	<input type="checkbox"/> OTHER
<input type="checkbox"/> ACGIH	<input type="checkbox"/> NSMS	<input type="checkbox"/> SSSO	<input type="checkbox"/> NSC	<input type="checkbox"/> HFS	

**G. PRIMARY SAFETY SPECIALTY (Check the one safety specialty that best describes your overall qualifications.)**

<input type="checkbox"/> Mine Safety/Loss Control	<input type="checkbox"/> Industrial Hygiene	<input type="checkbox"/> Radiation Safety	<input type="checkbox"/> General Safety
<input type="checkbox"/> Transportation Safety	<input type="checkbox"/> Product Safety	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> System Safety
<input type="checkbox"/> Construction Safety	<input type="checkbox"/> Environmental	<input type="checkbox"/> Process Safety	<input type="checkbox"/> OTHER

**H. VALIDATION (Be sure to sign and date your application, or it cannot be processed. Your signature means you agree with the following statements.)**

1. Have you ever been convicted of a criminal offense? (If YES, explain fully on separate sheet.) Yes  No

2. Have you ever had a professional registration or certification denied, suspended, or revoked other than for lack of minimum qualification or failure of examination? (If YES, explain fully on separate sheet.) Yes  No

3. I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Society to verify any information submitted. I understand that any falsification of information in this application (or attachments) may be cause for rejection or withdrawal of this professional designation.

I further agree to hold the International Society of Mine Safety Professionals harmless from any and all liability in the event this application is rejected on the basis of information furnished by me or third persons that would, in the judgment of the Society, make me ineligible for this designation.

Although every effort will be made to keep my application confidential, I understand that the International Society of Mine Safety Professionals is under no obligation to keep confidential any statements, material, information, etc., that I submit.

I further agree to adhere to the Society's Code of Professional Conduct and to meet the requirements for Continuance of Designation, if I am so designated.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature (in ink)

**I. APPLICATION PAYMENT INFORMATION (The application fee is not refundable.)**

EXAMINATION FEE \$250		CREDIT CARD AUTHORIZATION	
<input type="checkbox"/> Check or Money Order (U.S. Dollars only) Make checks payable to CMSPCB	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card Number _____	Expiration Date _____
		Amount \$ _____	
		Signature _____	Date _____

# PROFESSIONAL SAFETY EXPERIENCE FORM

Applicants for the Mine Safety Professional (MSP) examination are required to complete the experience qualification forms for all professional safety experience regardless of previous certifications, licenses or educational status. **It is necessary to submit a form for each employer listed in Section C Summary of Professional Safety Experience.**

***Please copy this page as many times as necessary to complete the application.***

Name:	_____	_____	_____
	Last	First	Middle
Name of Organization:	_____		
Work Address:	_____		_____
	Street Address		Suite Number
	_____	_____	_____
	City	State/Province	Country
			Zip Code
Dates of Employment:	_____	_____	
	Start Date	End Date	

Name of Supervisor:	_____		
Title of Supervisor:	_____		
Work Phone:	_____	Fax:	_____
Email:	_____		

## Work Description

Provide a concise, full description of your position and how the assigned responsibilities relate to the professional safety experience requirement in **Section C** of the application. (If additional space is needed, please use the reverse side of this sheet.)

<b>Signature</b>	<b>Date</b>
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## The *International Society of Mine Safety Professionals*

### **Mine Safety Professional Code of Conduct**

As a Mine Safety Professional (MSP) I recognize my work has an impact on the protection of people, property and the environment.

Therefore, I shall uphold and advance the integrity, honor and dignity of the mine safety, health and environmental profession by:

- ✚ *Enhancing protection of people, property and the environment through leadership and understanding*
- ✚ *Providing honest, impartial service to the public, employers and clients*
- ✚ *Endeavoring to improve my competence and the competence of the mine safety profession*
- ✚ *Never compromising my profession or what it stands for, and practicing only the highest degree of professional conduct*

I shall hold paramount the protection of people, property and the environment;

I shall advise employers, clients, employees or appropriate authorities when my professional judgment indicates the protection of people, property or the environment is unacceptably at risk;

I shall endeavor to continually improve my abilities as a safety professional;

I shall only perform professional services that I am competent to perform;

I shall only issue public statements in an objective and truthful manner in accordance with the authority bestowed upon me;

I shall act in professional matters as a faithful agent or trustee and avoid conflict of interest;

I shall build my professional reputation on merit of service; and

I shall assure equal opportunities for individuals under my supervision.

*As a Mine Safety Professional, I shall comply with this “Code of Professional Conduct.”*

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Signature

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Date

## Examination Application Checklist

Be sure to *check off* and *enclose* each required item.

All items must be completely filled out, signed and dated.

All required information must be submitted in this package.

- \_\_\_ **Code of Conduct** (Your signature is required.)
- \_\_\_ **Mine Safety Professional Examination Application Form**
- \_\_\_ **Letters of Reference** (one for each reference named in the application)
- \_\_\_ **Professional Safety Experience Form** (One for each position/employer)
- \_\_\_ **Copy of Resume** (if appropriate)
- \_\_\_ **Check or Credit Card information to ISMSP** (Depending on how you intend to pay for your testing fee (and Preparation Course fee, if applicable).