

AMERICAN BIOLOGICAL SAFETY ASSOCIATION

1200 Allanson Rd.
 Mundelein, IL 60060
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 Email: jsavage2@covad.net

APPLICATION FOR REGISTRATION

COMPLETE FORM MUST BE TYPED

A. PERSONAL DATA

NAME:	(Last)	(First)	(Middle)	(Maiden)
TITLE OR POSITION				EMPLOYER
BUSINESS ADDRESS				Send mail here
HOME ADDRESS				Send mail here
HOME PHONE		BUSINESS PHONE		

B. COLLEGE EDUCATION (A certified transcript must be sent directly from the college or university to the Association for educational credit.)

COLLEGE OR UNIVERSITY	ATTENDED FROM	TO	ACADEMIC YEARS COMPLETED	COURSE OR MAJOR	DEGREE EARNED	TRANSCRIPT REQUESTED
NAME						
ADDRESS						
NAME						
ADDRESS						
NAME						
ADDRESS						

C. PROFESSIONAL DEVELOPMENT COURSE WORK (Use separate sheet if necessary.)

DATE(S)	TITLE	TOPIC(S) COVERED	LENGTH OF CLASS	INSTRUCTOR/ SPONSOR	OTHER

D. CURRENT PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES (Use separate sheet if necessary.)

CERTIFICATE NUMBER	TYPE	ISSUED BY	INITIAL YEAR OF ISSUE

E. SPECIAL ACHIEVEMENTS (List citations, copyrights, patents, books, etc. Use separate sheet if necessary.)

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F. PROFESSIONAL SOCIETIES (Use separate sheet if necessary.)

NAME OF ORGANIZATION	YEAR JOINED OR ELECTED	TYPE OF MEMBERSHIP	OFFICES HELD/DATES

G. PROFESSIONAL REFERENCES (See "Instructions to Applicants".)

NAME/TITLE ADDRESS	PROFESSIONAL RELATIONSHIP	HOW LONG KNOWN/ YEARS	RBP	TELEPHONE NUMBER
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*				
*				

H. SPECIALTY

Indicate the one area you consider your primary specialty (e.g., Biological Safety, Occupation Safety, Industrial Hygiene, Infection Control, etc.)

I. Have you ever had professional registration or certification denied, suspended or revoked other for lack of minimum qualification, failure to renew, or failure of examination? If the answer is YES, explain fully on a separate sheet. Yes No

I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Association 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 registration 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 "Biological Safety Professional."

I further agree to hold the American Biological Safety Association 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 judgement of the Association, make me ineligible for registration, 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 the American Biological Safety Association is under no obligation to keep confidential any statements, material, information, etc. that I may submit.

Upon approval of my application for registration, 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 (in ink) _____

A nonreturnable application fee of \$75.00 must accompany the application. Make the check payable in funds drawn from a U.S. bank to: American Biological Safety Association.