

Criminal Conviction and Professional Registration, Certification, or License Information Form

This form is for status holders to provide information required by the BCSP Criminal Conviction and Action Against Professional Licenses and Credentials Policy. Please submit one (1) form for each incident. Additional documentation relating to the incident(s) may be submitted with each form. All fields must be complete with sufficient detailed information. If detailed information is not provided, your application will not be processed. You may submit form(s) to the following email: executivedepartment@bcsp.org. If you have any questions regarding the information requested on this form, please contact the Executive Department at +1 317-960-3811 or by email.

Check the certification(s) you are applying for: CSP ASP SMS OHST CHST STS STSC CIT GSP TSP

CRIMINAL CONVICTIONS/PROFESSIONAL LICENSE OR CERTIFICATION

Check all that apply:

- Felony
- Misdemeanor (ONLY check if conviction was made within the last five years, anything prior to five years ago does not have to be reported)
- Action against Prof License or Certification
- Suspension or Revocation of Prof License or Certification

INFORMATION ON OFFENSE

NAME/ALIAS USED:			
DATE OF INCIDENT/OFFENSE:		DATE OF CONVICTION/PLEA/OUTCOME:	
CASE NUMBER (if applicable):		CONVICTED OFFENSE OR VIOLATION:	
AGE WHEN OFFENSE/INCIDENT OCCURRED:		WAS THIS A REPEAT VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JURISDICTION OF INCIDENT/OFFENSE (if applicable):			
<i>Country</i>	<i>State/Province</i>	<i>County</i>	<i>City</i>
AGENCY INVOLVED IN LICENSE OR CERTIFICATION MATTER			
<i>Name of Agency</i>	<i>State/Province/Country</i>	<i>County</i>	<i>City</i>
Please provide a synopsis of what happened, with details surrounding the nature and seriousness under which the incident or conviction occurred (i.e., details of quantities (if applicable) consumed or confiscated, details of any injuries sustained by you or by other(s), etc.):			
Please provide the social conditions and circumstances that contributed to the incident or conviction (if applicable):			

Initial: _____

Please provide in detail the outcome (i.e., time served in jail or prison, length of probation or suspense or parole, court ordered community service or other service, fines, Suspensions, etc.):

If any rehabilitation has been demonstrated after the incident occurred, please provide this information (i.e., good conduct in prison and/or the community):

Have you satisfied the terms imposed because of the incident (i.e., parole, probation, court mandated terms, suspensions, fines, restitution)?

YES NO Not Applicable

If YES, date of completion: _____

If NO, please explain:

Has the U.S. Government or a state agency ever investigated your background and/or granted you security clearance eligibility or access?

YES NO

If YES, please provide agency name: _____

Level of clearance: _____

Expiration date: _____

VERIFICATION

I agree that the information provided on this form is truthful and accurate at the time of the completion of this document. I understand that providing false, inaccurate, or insufficient detail and supporting documentation may result in the denial of my application and possible disciplinary action by the Board of Certified Safety Professionals.

Signature: _____ Date: _____

THIS FORM WILL NOT BE REVIEWED IF THE APPLICATION FEE HAS BEEN PAID OR IF SUFFICIENT DETAILS ARE NOT PROVIDED