



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
MISSOURI WORKERS' SAFETY PROGRAM

APPLICATION FOR CERTIFICATION
Safety Consultant / Safety Engineer

P.O. Box 58
Jefferson City, MO 65102-0058
573-526-5757
www.labor.mo.gov/DWC

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.

PART I: PERSONAL INFORMATION		
APPLICATION FOR: ☐ Safety Engineer ☐ Safety Consultant		DATE
NAME	PRESENT EMPLOYER	
DATE OF BIRTH	TITLE OF POSITION	
HOME ADDRESS (Street, City, State, ZIP)	BUSINESS ADDRESS (Street, City, State, ZIP)	
HOME PHONE	BUSINESS PHONE	
PERSONAL E-MAIL	WORK E-MAIL	FAX
Do you prefer to receive correspondence from the MWSP at: ☐ Home ☐ Work		
Have you been a defendant in a civil suit involving your professional activity or conduct? ☐ Yes ☐ No		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.
Are you a United States citizen or legal alien? ☐ Yes ☐ No		Have you been convicted of a felony during the 10 years preceding this application? ☐ Yes ☐ 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? ☐ Home ☐ Work		
Do you wish to be identified as an available independent consultant/engineer? ☐ Yes ☐ No		
If "Yes," please provide your area(s) of expertise:		
PART II: PROFESSIONAL REGISTRATION OR CERTIFICATION		
Please check each applicable item. Enclose a copy of current registration or certification. Information is subject to verification by the Missouri Workers' Safety Program.		
☐ Registered Professional Engineer	REGISTRATION #	STATE
☐ Certified Safety Professional	CERTIFICATE #	ISSUED BY
☐ Certified Industrial Hygienist	CERTIFICATE #	ISSUED BY
☐ Certified Occupational Health Nurse	CERTIFICATE #	ISSUED BY
☐ 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 <i>(describe)</i> _____	_____

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

