

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

This form is for applicants' use in providing information required by the BCSP Criminal Conviction and Unethical Behavior Policy. Please submit **one (1)** form for each incident. Additional documentation relating to each conviction(s) may be submitted with each form. You may submit form(s) by fax at +1 317-593-4400 or 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/LICENSE OR CERTIFICATION MATTERS

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)

Unethical Behavior

### INFORMATION ON OFFENSE

NAME/ALIAS USED:	
DATE OF INCIDENT/OFFENSE:	DATE OF CONVICTION/PLEA/OUTCOME:
CASE NUMBER (if applicable):	CONVICTED OFFENSE:
AGE WHEN OFFENSE/INCIDENT OCCURRED:	WAS THIS A REPEAT VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
JURISDICTION OF INCIDENT/OFFENSE (if applicable): _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Country</span> <span>State/Province</span> <span>County</span> <span>City</span> </div>	
Please provide relevant 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, 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 as a result of the incident (i.e., parole, probation, court mandated terms)?

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 UNTIL THE APPLICATION FEE HAS BEEN PAID.**