



**CFSP/CFSE
CERTIFIED FUNCTIONAL SAFETY
PROFESSIONAL/EXPERT
EXAMINATION
APPLICATION FORM**

**PLEASE SEND APPLICATION TO:
CFSE ADMINISTRATOR
Email: administrator@cfse.org**

CFSE / CFSP APPLICATION FORM

BOARD USE ONLY			
Fees Paid		Accept for Review	
Qualification Check		Review Team #	
Experience Check		Accepted	

All information provided on this form must be TYPEWRITTEN (Handwritten Applications will NOT be accepted).

IMPORTANT: This application must be completely filled out in order to be reviewed by the CFSE GB. Do not leave any section blank. Use answers of "not applicable" or "none" as appropriate if the question does not apply to your particular case. Omission of required information may prevent the processing of your application.

A. CERTIFICATION APPLIED FOR

ALL CERTIFICATES ARE CFSE GB CERTIFIED

(check one) <input type="checkbox"/> CFSP (2 years' equivalent experience no case study 2 references)	
<input type="checkbox"/> CFSE (10 years' equivalent experience, case study, 4 references)	
YOU MUST SELECT ONE OF THE FOLLOWING OPTIONS FOR THIS APPLICATION TO BE PROCESSED.	
<input type="checkbox"/> PROCESS SAFETY (APPLICATIONS)	<input type="checkbox"/> MACHINERY SAFETY (APPLICATIONS)
<input type="checkbox"/> SAFETY HARDWARE DEVELOPMENT	<input type="checkbox"/> SAFETY SOFTWARE DEVELOPMENT
<input type="checkbox"/> AUTOMOTIVE SAFETY	

B. PERSONAL DATA

FIRST NAME	MIDDLE INITIAL	LAST/FAMILY NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
2. HOME or WORK ADDRESS			Please choose one and enter the number below. <input type="checkbox"/> Social Security Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Government ID Number	
CITY	STATE	ZIP/ COUNTRY CODE	NATIONALITY (as shown in passport)	
COUNTRY			NATIVE LANGUAGE	
PHONE NUMBERS (For foreign numbers, include country and city codes)	HOME PHONE (Area Code & Number)	WORK PHONE (Area Code & Number)		
EMAIL ADDRESS				
CURRENT EMPLOYER				

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C. UNIVERSITY / COLLEGE EDUCATION

(Transcripts must be sent from University / College directly to CFSE Governance Board)

UNIVERSITY OR COLLEGE (Name, City, State, Country)	DATES ATTENDED		NUMBER OF ACADEMIC YEARS COMPLETED	COURSE OF STUDY OR MAJOR	DEGREE EARNED	TRANSCRIPT (Educational Docs)
	FROM (MM/YYYY)	TO (MM/YYYY)				
						<input type="checkbox"/> School is sending <input type="checkbox"/> Docs Attached
						<input type="checkbox"/> School is sending <input type="checkbox"/> Docs Attached
						<input type="checkbox"/> School is sending <input type="checkbox"/> Docs Attached
						<input type="checkbox"/> School is sending <input type="checkbox"/> Docs Attached
						<input type="checkbox"/> School is sending <input type="checkbox"/> Docs Attached

D. SUMMARY OF PROFESSIONAL SAFETY EXPERIENCE

(With a Significant Functional Safety Engineering Component)

(Please do not overlap time periods.)

POSITION and safety responsibilities (List the most recent first)	EMPLOYER	START DATE (MM/YY)	END DATE (MM/YY)	MONTHS IN POSITION
Project Engineer– Responsibilities involved constructing and evaluating prototypes including testing and analysis for design verification, product validation, and robust achievement of performance requirements.	Sample Company	02/01	02/06	60
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL MONTHS →				

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(List only persons who are providing a completed Referee Form.)

TWO references are required for CFSP

FOUR references are required for CFSE

E. PROFESSIONAL REFERENCES (REFeree FORM)

TITLE	REFERENCE NAME	EMAIL	LENGTH OF RELATIONSHIP
1. Current Supervisor			
2.			
3.			
4.			

F. LICENSES, REGISTRATIONS & CERTIFICATIONS

(You must attach a copy of the official document to receive credit.)

<input type="checkbox"/> PE	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
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G. VALIDATION

(Please answer the following questions. Be sure to sign and date your application or it cannot be processed.)

1. Have you ever been convicted of a criminal offense? (If answer is YES, explain fully on separate sheet.) Yes No
2. Have you ever had professional registration or certification denied, suspended or revoked other than for lack of minimum qualifications or failure of examination? (If answer is YES, explain fully on separate sheet.) Yes No
3. I agree that the CFSE organization may release the following personal information if I achieve certification:
Name, CFSE / CFSP Designation, Company and Location Yes No

I promise to behave in an ethical manner.

I will inform the CFSE board immediately if a situation arises which prevents me from fulfilling the requirements of certification.

I agree to not release any information about the contents of the exam*

4. Affidavit

- a) I agree to adhere to the Board's Code of Professional Conduct in its current and subsequent editions and, if I am accepted as a CFSE / CFSP, to meet the requirements for continuance as a CFSE / CFSP.
- b) I promise to behave in an ethical manner.
- c) I agree to not release any information about the contents of the exam
- d) I will inform the CFSE board immediately if a situation arises which prevents me from fulfilling the requirements of certification.
- e) I agree to hold the CFSE Governance Board harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Board by me or third persons, who would, in the judgment of the Board, make me ineligible for the CFSE or CFSP designation
- f) I understand unless I receive a specific exam approval from the CFSE Governance Board, that I will take the exam at my own risk, and if my application and referee statements do not meet the requirements, that no certificate will be awarded until all requirements are met.

By typing/signing my name in the following box, I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the Board to verify any information submitted. I understand that any falsification of information in this application (or attachment) may be cause for rejection or withdrawal of the CFSE or CFSP designation.

The CFSE Governance Board shall ensure that information obtained during the certification process, or from sources other than the applicant, candidate or certified person, is not disclosed to an unauthorized party without the written consent of the individual, except where the law requires such information to be disclosed.

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H. PAYMENT INFORMATION

(The application fee is not refundable and not transferable.)

FEE PAID BY

Bank Check or Money Order
(U.S. or Australian Dollars only)

Purchase Order _____

Paid fee online

Please make checks payable to:
CFSE Governance Board

I. Examination

Preferred Language for Exam (check one): **English** or **Spanish**

Date / Location of CFSE / CFSP exam (if known):

Special Needs: **Yes** or **No**

If Yes, Please Explain:

Note: The CFSE Governance Board will make every effort to accommodate special needs, within reason and where the integrity of the examination process is not violated.

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Please email forms to: administrator@cfse.org or mail to: CFSE Governance Board, PO Box 525, Sellersville, PA 18960