



AMERICAN SOCIETY OF SAFETY PROFESSIONALS

Arizona Chapter Test Reimbursement Request

Name:	_____	Phone #:	_____
Address:	_____		
City:	_____	State:	_____
Zip Code:	_____		
Employer:	_____		
Supervisor Name:	_____		
Supervisor Email:	_____	Phone #:	_____
ASSP Membership #:	_____		
Test Passed:	<input type="checkbox"/> CSP	<input type="checkbox"/> ASP	<input type="checkbox"/> OHST
	<input type="checkbox"/> OTHER TEST:	<input type="checkbox"/> CHST	<input type="checkbox"/> STS
		ORGANIZATION:	<input type="checkbox"/> SMS

Test Verification
Date Passed: _____
Reimbursement requests should be made within six months of the certification date
Test Reimbursement Amount: \$ _____ USD
Include a copy of the payment receipt. Note: only the test fee is subject to reimbursement
Certification Verification: Please include a copy of your certification and/or the BCSP letter indicating successful completion of certification

Reimbursement *
<input type="checkbox"/> I am a member of the Arizona Chapter of ASSP. The BCSP Certification exam expense that I am requesting reimbursement for has not been reimbursed by an employer or any other source, and I will not try to obtain reimbursement in the future for this certification from any other source.
Event: _____ Date: _____
<input type="checkbox"/> ASSP Monthly Technical Meeting (first Friday at 11:30 am)
<input type="checkbox"/> ASSP Construction Section Monthly Meeting (Second Friday at 7:00 am)
<input type="checkbox"/> Monthly Executive Committee Meeting (Last Friday at 12:00 pm)
Signature: _____ Date: _____

*Reimbursement is limited to one per member, per year. Reimbursement is subject to Executive Committee approval.

ASSP Arizona Chapter Committee Use Only	
Motioned by: _____	Date: _____
Executive Committee Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reimbursement Check Distribution	Date: _____
	Event: _____
	By: _____

Submit Reimbursement Request
Confirmation of Certification and
a copy of your receipt to:
Michael.bryant@gatewaycc.edu