

# CERTIFIED MINE SAFETY PROFESSIONAL APPLICATION FOR RENEWAL



This application is to renew your Certified Mine Safety Professional (CMSP) credential. Please read and complete each section accurately in legible handwriting or type. The CMSP credential is renewed every five years requiring 25 Professional Development Points (PDPs) that must be completed at the time the application is submitted. SME has the right to audit any information submitted in conjunction with this application to prove eligibility for the Professional Development Points (PDPs) submitted for renewal. The completed renewal application and payment must be received by December 15 of your renewal year. *Submit your application by September 15 in your renewal year and save \$30.*

Please initial each page and mail or email a PDF of your completed application to:

Mail: SME CMSP Program – Renewal  
12999 E. Adam Aircraft Circle  
Englewood, CO 80112-4167  
Email: CMSP@smenet.org

**Receipt of your application will be acknowledged within two weeks.**

## APPLICATION CHECKLIST

- SECTION 1: APPLICANT INFORMATION**  
I have provided accurate contact information.
- SECTION 2: PAYMENT**  
Scan the QR code to make an online payment.
- SECTION 3: CODE OF CONDUCT, DISCLOSURE, AND ATTESTATIONS**  
I have pledged to continue to uphold the CMSP Code of Conduct, disclose any felony convictions, and signed to indicate my acceptance of the Application Attestation. I understand that the program policies and the Candidate Handbook are available at [www.smecmsp.org](http://www.smecmsp.org).
- SECTION 4: PROFESSIONAL DEVELOPMENT POINT (PDP) ACCUMULATION FORM AND PDP CREDIT VERIFICATION FORM**  
The PDPs submitted meet the eligibility requirements.



## SECTION 1: APPLICANT INFORMATION

Mr.  Mrs.  Ms.  Dr.

Applicant Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Work or  Personal

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City State, Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CMSP Number: \_\_\_\_\_ CMSP Date last certified: \_\_\_\_\_

SME Membership Number (Optional): \_\_\_\_\_

*If you are not an SME member, join now to take advantage of member rates on the CMSP exam and join our community of experts by selecting Health & Safety as your primary division. Visit [www.smenet.org](http://www.smenet.org) to learn more.*

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## SECTION 2: PAYMENT

**All fees must accompany this application and be received by the posted deadline.** The renewal fee for 5 years is \$650 for SME members and \$950 for nonmembers. Fees include a non-refundable processing fee of \$150. If your renewal application does not meet the PDP eligibility requirements for CMSP PDPs you will only be charged \$150.

### RENEWAL Fees:

- \$650 SME Member
- \$950 SME Nonmember

### Payment type:

- Check enclosed (payable to SME)

Scan the QR code to make an online payment.



*There is no membership requirement to apply for the CMSP certification, and SME members and nonmembers will be evaluated equally on the application. The CMSP certification does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability. Additional information on program requirements, policies, and procedures is available in the CMSP Handbook at [www.smeemsp.org](http://www.smeemsp.org). Requests for testing accommodations pursuant to the ADA should be made by the time of registration. For further assistance, contact SME at [CMSP@smenet.org](mailto:CMSP@smenet.org).*

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## SECTION 3: CODE OF CONDUCT, DISCLOSURE AND ATTESTATION

Have you ever been convicted of a felony?

No  Yes

### CMSP Code of Conduct

I pledge to uphold the CMSP Code of Conduct. The current Code can be found at [www.smecmsp.org/codeofconduct](http://www.smecmsp.org/codeofconduct) and below.

### Applicant Attestation

- In submitting this renewal application, I understand that this action does not guarantee approval.
- I agree to comply with all CMSP program policies as outlined in the CMSP Candidate Handbook. I understand and by my signature attest that I will now and in the future adhere to the CMSP Code of Conduct. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application and the issuance of a complaint of violation on said Code.
- I understand that the IAMSH of SME reserves the right to revise or update this application; the CMSP Code of Conduct; and that it is my responsibility to be aware of current requirements. I further understand that I am obligated to inform IAMSH of SME of changed circumstances that may materially affect my application and certification. I further understand that it is my responsibility to provide any requested documentation or additional documentation should my application and/or Professional Development Points be audited to complete this process.
- If I am re-certified, I authorize IAMSH of SME to include my name in a list of certified individuals and agree to use the CMSP designation and related trade names trademarks, and logos only as permitted by the CMSP policies.
- I understand and agree that the IAMSH of SME may also use anonymous and aggregate application and examination data for statistical and research purposes.
- I attest that I have disclosed any and all felony convictions, and understand that I am obligated to inform the IAMSH of SME of any future felony convictions.

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# CERTIFIED MINE SAFETY PROFESSIONAL CODE OF CONDUCT

**As a Certified Mine Safety Professional (CMSP) recognized by the International Academy of Mine Safety & Health of the Society of Mining, Metallurgy & Exploration (IAMSH of SME), I recognize my work has an impact on the protection of people and property.**

**I shall uphold and advance the integrity, honor and dignity of the mine safety and health profession by:**

- Enhancing protection of people and property through leadership and understanding;
- Providing honest, impartial service to the public, employees, employers and clients;
- Endeavoring to improve my competence of the mine safety and health profession;
- Maintaining the highest degree of ethical and professional conduct.

**Further, I shall:**

- Advise employers, clients, employees or appropriate authorities when my professional judgment indicates the protection of people or property is unacceptably at risk;
- Only perform professional services that I am competent to perform;
- Act in an objective and truthful manner in accordance with the authority bestowed on me;
- Act in professional matters as a faithful agent or trustee and avoid conflict of interest;
- Build my professional reputation on merit of service;
- Act without discrimination regarding religion, ethnicity, gender, age, national origin, sexual orientation or disability;
- Advance the safety, health and well-being of my community(s) and my profession by sharing my knowledge.

# SECTION 4: PROFESSIONAL DEVELOPMENT POINT (PDP) ACCUMULATION FORM and PDP VERIFICATION FORM

Please use the following forms to record your PDPs. Documentation of 25 PDPs must be submitted with this renewal application. Submit additional forms if needed.

*You can find details, clarification and additional information about what may be counted as PDPs, as well as tips for documentation in the CMSP Renewal Guidelines.*

## PROFESSIONAL DEVELOPMENT POINT (PDP) ACCUMULATION FORM

Name: \_\_\_\_\_ Professional Number: \_\_\_\_\_

No.	Subject/Course Matter	Date of Training	Instructor or Sponsoring Organization	Training Location	Actual Time in Class	Credits Given	PDPs Allowed (SME use only)

By signing below, I certify that the information given above is valid and correct. If requested, copies of applicable validation can be supplied.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

# PROFESSIONAL DEVELOPMENT POINT CREDIT VERIFICATION FORM

The following form should be used to provide detailed verification of all Professional Development Points.

Sponsoring Organization Name: \_\_\_\_\_

Course Title and Number (if applicable): \_\_\_\_\_

Date Course Given: \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Was Course Subject pre-approved by the SME?     Yes     No

If so, when and by whom? \_\_\_\_\_

Is the course accredited by any other health, safety or academic organization?     Yes     No

If so, which one(s)? \_\_\_\_\_

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Detailed description of subject material:

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