CERTIFIED MINE SAFETY PROFESSIONAL APPLICATION

This application is your first step toward earning the Certified Mine Safety Professional (CMSP) credential. Please read and complete each section accurately in legible handwriting or type. All qualifying education and professional experience must be complete at the time the application is submitted. The CMSP credential is renewed every five years requiring 25 Professional Development Points (PDPs) that must be completed at the time the renewal application is submitted. SME has the right to audit any information submitted in conjunction with this application to prove eligibility to sit for the CMSP exam. The completed application and payment must be received by the posted deadline.

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

Mail: SME CMSP Program
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.
  • I have provided the date on which I plan to take the exam.

☐ SECTION 2: PAYMENT
  • I have paid the application fee online.
  • I have enclosed a check.

☐ SECTION 3: CODE OF CONDUCT, DISCLOSURE, AND ATTESTATIONS
  • I have pledged 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.

☐ SECTION 4: ELIGIBILITY REGIMENTS
  • I meet the eligibility requirements to apply to sit for the CMSP examination.

☐ SECTION 5: EDUCATIONAL EXPERIENCE
  • I have a degree from an accredited institution of higher learning and have attached my official transcript and/or have submitted professional work equivalence to fulfill program eligibility requirements.

☐ SECTION 6: QUALIFYING EMPLOYMENT EXPERIENCE
  • I have summarized my professional experience and included an experience form for each employer.
  • I have provided a letter of reference from my current employer.
  • I have provided a second reference.
SECTION 1: APPLICANT INFORMATION

Please notify SME of any changes in your contact information. Preferred Exam Date: ____________

It is important to keep an updated address on file to ensure you receive important credential information.

☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.

Applicant Name: _____________________________________________ Suffix: ________________

☐ Work or ☐ Personal Address: _____________________________________________________________________

Address 2: ___________________________________________________________________________________

City, State, Postal Code: __________________________________________________________________________

Country: ______________________________________________________________________________________

Phone: __________________________________________    Email: ________________________________________

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. to learn more.

SECTION 2: PAYMENT

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

Exam Fees:       Payment type:

☐ $650 SME Member  ☐ Check enclosed (payable to SME)

☐ $950 SME Nonmember  ☐ 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.smecmsp.org. Requests for testing accommodations pursuant to the ADA should be made by the time of registration. For further assistance, contact SME staff at CMSP@smenet.org.
SECTION 3: CODE OF CONDUCT, DISCLOSURE AND ATTESTATION

Have you even 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.

Applicant Attestation

• In submitting this application, I fully understand that this action does not guarantee certification.

• I agree to comply with all CMSP program polices as outlined in the CMSP Candidate Handbook, submit to a multiple-choice examination, and supply further information as determined by the International Academy of Health and Safety of SME (IAMSH of SME). 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 compliant 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. I further understand that it is my responsibility to provide any requested documentation or additional documentation should my application be audited to complete this process.

• I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute a warranty or guarantee of my fitness or competency to practice as a mine safety professional.

• If I am 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: ________________

INITIALS:
SECTION 4: ELIGIBILITY REQUIREMENTS

Please select the eligibility requirement that best describes your education and experience.

☐ A postgraduate and/or baccalaureate degree in Safety Engineering, Industrial Safety or Industrial Hygiene from an accredited college or university
   • A minimum of (7) years of mining experience.
   • Currently employed in a mining safety / health* position

☐ A postgraduate and/or baccalaureate degree in Mine Engineering, Metallurgy, Geology or other approved mine related disciplines from an accredited college or university
   • A minimum of (8) years of mining experience, one of which must have been in mine safety / health*
   • Currently employed in a mining safety / health* position

☐ Non-mining related baccalaureate degrees for an accredited college or university
   • A minimum of (9) years of mining experience, two of which must have been in mine safety / health*
   • Currently employed in a mining safety / health* position

☐ No degree
   • A minimum of (10) years of mining experience, two of which must have been in mine safety / health*
   • Currently employed in a mining safety / health* position

* Mine Safety & Health Experience

Jobs constituting Mine Health & Safety experience require a minimum of 50% of the persons time dedicated to mine safety and health (based on a minimum 36-hour week). These positions could include:

• Manager / Director of Safety & Health
• Safety / Health Engineer
• Safety / Health Representative
• Safety / Health Supervisor
• Safety / Health Technician
• Safety / Health Advisor
• Safety / Health Specialist
• Safety / Health Officer
• Industrial Hygienist / Occupational Hygienist
• Mine Safety Inspector
• Fireboss / Examiner
• Mine Management personnel with 50% or more of duties related to mine safety and health
• Consultant with 50% or more of duties practice related to mine safety and health
• Attorney / Solicitorat Law with 50% or more of duties related to mine safety and health
• Safety Equipment Sales Representative or Manager with 50% or more of duties related to mine safety and health
• Assistant/Associate/Full Professor mining engineering or mineral processing engineering or occupational safety / health
• Research Scientist with 50% or more of duties related to mine safety and health
• Healthcare Professional (Doctor, Nurse, Paramedic etc.) with 50% or more of duties related to mine safety and health

A reference from your current employer(s) is required to verify your health and safety position. For consultants working in mining, a letter from clients is required to verify time commitments that will enable the applicant to demonstrate that they meet the minimum overall practice requirements. Dates of employment to fulfill other eligibility requirements are required. For positions not listed, please submit a role description with the application to be submitted to IAMSH of SME for consideration.
SECTION 5: EDUCATIONAL EXPERIENCE

Please submit information and official transcripts for each accredited university or college in which you are claiming educational experience. If needed, please make additional copies of this page.

Degree from Accredited Institution*  □ Yes  □ No

Institution: ____________________________________________________________________________________

Degree Earned: _________________________________________________________________________________

Course of Study: ________________________________________________________________________________

Dates Attended: _________________________________________________________________________________

City, State, Postal Code: _________________________________________________________________________

Country: _______________________________________________________________________________________

Phone Number: _________________________________________________________________________________

Web Address: ___________________________________________________________________________________

Year Degree Received: ___________________________________________________________________________

□ Official Transcript Provided (Required)

Degree from Accredited Institution*  □ Yes  □ No

Institution: ____________________________________________________________________________________

Degree Earned: _________________________________________________________________________________

Course of Study: ________________________________________________________________________________

Dates Attended: _________________________________________________________________________________

City, State, Postal Code: _________________________________________________________________________

Country: _______________________________________________________________________________________

Phone Number: _________________________________________________________________________________

Web Address: ___________________________________________________________________________________

Year Degree Received: ___________________________________________________________________________

□ Official Transcript Provided (Required)

* Institutions must be accredited to count against experience requirements for the CMSP program. Applicants without educational experience must have a minimum of ten (10) year of mining experience, two (2) of which must be in a mine safety / health.
## SECTION 6: QUALIFYING EMPLOYMENT EXPERIENCE

Please complete the summary of qualifying employment experience below along with a Professional Experience Form for each employer and a Letter of Reference Form from your current employer and one other professional reference.

### SUMMARY OF QUALIFYING EMPLOYMENT EXPERIENCE

1. **Position:** ________________________________________________________________________________________________  
   Employer: ________________________________________________________________________________________________  
   Start Date: _________________________________________   End Date: ____________________________________________  
   Years/Months in Position: __________________________________________________________________________________  
   Direct Mine Safety Experience: _______________________________________________________________________________

2. **Position:** ________________________________________________________________________________________________  
   Employer: ________________________________________________________________________________________________  
   Start Date: _________________________________________   End Date: ____________________________________________  
   Years/Months in Position: __________________________________________________________________________________  
   Direct Mine Safety Experience: _______________________________________________________________________________

3. **Position:** ________________________________________________________________________________________________  
   Employer: ________________________________________________________________________________________________  
   Start Date: _________________________________________   End Date: ____________________________________________  
   Years/Months in Position: __________________________________________________________________________________  
   Direct Mine Safety Experience: _______________________________________________________________________________

4. **Position:** ________________________________________________________________________________________________  
   Employer: ________________________________________________________________________________________________  
   Start Date: _________________________________________   End Date: ____________________________________________  
   Years/Months in Position: __________________________________________________________________________________  
   Direct Mine Safety Experience: _______________________________________________________________________________

### REFERENCE FROM CURRENT EMPLOYER

1. Name of Supervisor: __________________________________  Title: ________________________________________________  
   Company: _________________________________________________________________________________________________  
   Phone: ___________________________________________   Email: ________________________________________________

### OTHER PROFESSIONAL REFERENCE

2. Name of Supervisor: __________________________________  Title: ________________________________________________  
   Company: _________________________________________________________________________________________________  
   Phone: ___________________________________________   Email: ________________________________________________
PROFESSIONAL EXPERIENCE FORM

Applicants are required to submit forms for each employer listed in Section 6. Please copy this page as many times as necessary to complete the application.

Your Name: ________________________________________________________________________________________________

Your Title: ________________________________________________________________________________________________

Mining Experience Acquired:     ☐ Yes     ☐ No
Direct Safety and Health Experience Acquired:     ☐ Yes     ☐ No

Name of Employer: _______________________________________________________________________________________

Work Address: _____________________________________________________________________________________________

Address: __________________________________________________________________________________________________

Address 2: _________________________________________________________________________________________________

City / State / Postal Code: ______________________________________________________________________________________

Country: __________________________________________________________________________________________________

Dates of Employment: ________________________________________________________________________________________

Start Date: ________________________________________________  End Date: ________________________________________

Name of Supervisor: _________________________________________________________________________________________

Title of Supervisor: __________________________________________________________________________________________

Work Phone: _______________________________________________________________________________________________

Email: ____________________________________________________________________________________________________

Provide a concise, full description of your position and how the assigned responsibilities relate to the professional experience requirements in Section 6 of this application.

Work Description: ___________________________________________________________________________________________

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Signature: ________________________________________________  Date: ___________________________________
LETTER OF REFERENCE FORM

Applicants are required to submit a letter of reference for each reference listed in Section 6 of this application. Please copy this page as many times as necessary to complete the application. If you are independently employed, please provide a reference from a client that can attest to your qualifications.

Your Name: ________________________________________________________________________________________________
Name of Reference: __________________________________________________________________________________________
Work Address: _____________________________________________________________________________________________
Address : __________________________________________________________________________________________________
City / State / Postal Code: _______________________________________________________________________________________
Country: __________________________________________________________________________________________________
How long have you know the applicant? ___________________________________________________________________________
Relationship to applicant? _____________________________________________________________________________________
Work Phone: _______________________________________________________________________________________________
Email: ____________________________________________________________________________________________________

Provide a concise, full description of why you believe that the applicant is qualified to sit for the Certified Mine Safety Professional exam. Refer to www.smecmsp.org for more information.
Reference: _________________________________________________________________________________________________
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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.

As a Certified Mine Safety Professional, I shall comply with this “Code of Professional Conduct”.

Applicant Signature: ___________________________________________ Date: ________________