Form HS-31-A	ARKANSAS WORKERS' COMPENSATION COMMISSION	HS-31-A
Ark. Code Ann. §11-9-409 & AWCC Rule 31 Rev. 1-1-2008	**HEALTH & SAFETY DIVISION** 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	

Application for (check all that apply)

❑Approved Professional Safety Source (APSS) **❑Field Safety Representative (FSR)**

(Note: Attendance at an on-site AWCC class is mandatory for APSS certification)

Section 1. Personal Information

1) Name (include all names referenced in submitted materials): Last: _____ First: _____MI: _____	2) Telephone no.: Primary: (_____) _____ Secondary: (_____) _____	3) Social Security no.: 4) Total no. of years occupational health and safety experience :_____	
5) Mailing address:	6) City:	7) State:	8: Zip:
9)E-Mail address:			

Section 2. Professional Certifications

Check all that apply. Enclose copy of current membership card. Information will be verified.

Certification	Certificate No.	State (if applicable)
❑ Certified Safety Professional (CSP)		
❑ Certified Industrial Hygienist (CIH)		
❑ WSO Certification (specify Certified Safety Manager or Certified Safety Specialist)		

Section 3. Education and Professional Training Note: A certified transcript must be sent **directly from the granting institution** to the Arkansas Workers' Compensation Commission, Health and Safety Division, P.O. Box 950, Little Rock, AR 72203-0950, ATTN: FSR/APSS.

College or University	***City, State***	***Attendance Dates (From/To)***	***Sem. Hrs. Completed***	***Major***	***Degree Earned***

Section 4. Occupational Safety and Health Professional Experience Using Attachment 1, list each occupational health and safety work assignment in chronological order, beginning with present position.

Section 5. Signature

I certify that the preceding statements, including attachments, are accurate to the best of my knowledge, and authorize the Arkansas Workers' Compensation Commission to verify the information. I understand that any falsification of information is this application, including attachments, may be cause for rejection or withdrawal of the Field Safety Representative and/or Approved Professional Safety Source designation.

Applicant Signature: _____ Date:_____

(please use ink)

HS-31-A Attachment 1

Occupational Safety and Health Work Experience

Use a separate copy of Attachment 1 for each change in position, regardless of whether or not there was a change in employers.

1) Name during employment:	2) Position with this employer::
3) Employer: Name Address: City:	Telephone no.: ( ) State: Zip:
4) Employment dates (Mo/Yr.): From:____/_____ To:____/_____	5) Major product or service of this company:
6) Immediate supervisor: Name	Telephone No.: ( )

7) Description of occupational health and safety work experience. Indicate the percentage of your time spent in the following areas:

_____ Hazard identification	_____ Safety & health program design	_____ Safety training & education
_____ Hazard evaluation	_____ Safety & health program evaluation	_____ Supervision of other health & safety professionals
_____ Hazard control design	_____ Safety & health communication	_____ Neither health & safety or environmental
_____ Environmental	_____ Incident investigation	_____ Hazard control verification

For the three (3) areas above where you spent the **most** time, provide a brief description of your work in those areas: