

Canadian Association for Biological Safety/L'Association Canadienne pour la Securite Biologique

Registration Application

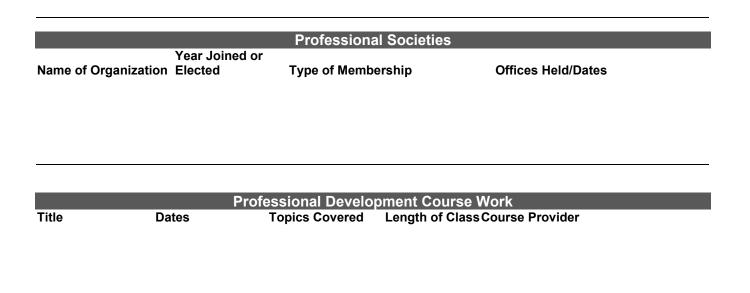
Applicant Information				
Full Name:			Date:	
	Last	First	М.І.	
Address:	Street Address			Apartment/Unit #
	City		Province	Postal Code
Phone:		Email		
Education				
College:		Address:		
From:	To:	YES NO Did you graduate?	Degree:	
Other:		Address:		
From:	То:	YES NO Did you graduate?	Degree:	
Professional References				
Please list	two professional refere	nces.		
Full Name:			Relationship:	
Company:				
Address:				
Email				
Full Name:			Relationship:	
Company:			Phone:	
Address:				
Email				
Employment				
Company:			Phone:	
Address:				
% of time spent on biosafety/biosecurity related				
Job Title:		duties.	-	-

Responsibilities:

Indicate the one area you consider your primary specialty (e.g., Biological Safety, OccupationalSpecialtySafety, Industrial Hygiene, Infection Control, etc.)

Current Professional Licences, Registration or Certificates

Special Achievements



Please include your current CV with the application and outline specific dates of employment, number of years of hands-on lab work and % of time spent on biosafety for each job.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:_____