



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

## Registration Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

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

### Education

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Professional References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email \_\_\_\_\_

### Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ **% of time spent on biosafety/biosecurity related duties.**

Responsibilities:

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

---

***Current Professional Licences, Registration or Certificates***

---

**Special Achievements**

---

**Professional Societies**

Name of Organization	Year Joined or Elected	Type of Membership	Offices Held/Dates
----------------------	------------------------	--------------------	--------------------

---

**Professional Development Course Work**

Title	Dates	Topics Covered	Length of Class	Course Provider
-------	-------	----------------	-----------------	-----------------

---

**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: \_\_\_\_\_