



Labor Department Use Only	
Control #	_____
Fee App	_____
Fee Cert	_____
Cert. #	_____
Cert type	_____

## Application for Workplace Safety & Loss Prevention Consultant and Specialist Certifications and Renewals

**Section I: Check certification(s) you are applying for or renewing. For renewal applications, please provide your certification number and its expiration date. No fees are required for this application.**

ICR 59 Certified Safety Consultant.

**Initial**     **Renewal**    Certificate #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

- Complete all sections except VI, VII and VIII. Note: section IX is necessary if qualifying experience is required.

ICR 60 Certified Specialist: Safety.

**Initial**     **Renewal**    Certificate #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

- Complete all sections except V, VII and VIII. Note: section IX is necessary if qualifying experience is required.

ICR 60 Certified Specialist: Drug & Alcohol Prevention Program.

**Initial**     **Renewal**    Certificate #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

- Complete all sections except V, VI and VIII. Note: section IX is necessary if qualifying experience is required.

ICR 60 Certified Specialist: Return to Work Program.

**Initial**     **Renewal**    Certificate #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

- Complete all sections except V, VI and VII. Note: section IX is necessary if qualifying experience is required.

### Section II: Applicant Information

Social Security Number _ _ - _ - _ _ _ _ _		NYS DMV ID Number		
Name		Home Phone Number	Email Address	
Home Address		City	State	Zip
Date of Birth (mm/dd/yyyy)	Height (ft: in)	Weight (lbs)	Hair Color	Eye Color

**If you do not have a NYS Driver's License or NYS NON-Driver ID you must go to a NYSDMV office and have your picture taken. NYSDMV will issue you a 9-digit DMV ID Number to complete this form. See form ID-5DOL Request for Photo ID card for further details.**

**Section III: Current Employment**

Current Employer (enter "self" if self-employed)	Phone Number	Email Address
Employer Address	City	State Zip
Name of Immediate Supervisor	Supervisor's Title	Phone number
Start Date	Number of years in current position.	Job title Type of Company
Describe current duties and responsibilities below and/or attach additional information.		

**Important:** Please select which address(es) you want posted on the DOL website:

Home  
 Business  
 Email

**Section IV: Professional Organizations**

Please list any professional organizations to which you belong.

Name(s) of organization(s): \_\_\_\_\_

**Sections V-VIII:** Please check all qualifications that you currently hold. Applicants must provide documentation of their qualifications and experience for each certification for which they are applying as well as a resume. Applicants claiming work experience as a qualification for certification must attach a verification of that experience. See Section XII for details regarding documentation and submission instructions.

For the purposes of the **Sections V - VIII**, "experience" includes analysis, synthesis, design, investigation, planning, communication, evaluation, and implementation of safety and health, drug and alcohol prevention, or return to work strategies. A Consultant or Specialist shall limit his or her activities to the area(s) of his or her expertise certified by the Department.

**Section V: Qualifications for the ICR 59 Workplace Safety and Loss Prevention Program Safety Consultation certification (Check all qualifications that you currently hold.)**

- A)** Certified Safety Professional (CSP)
- B)** Certified Industrial Hygienist (CIH)
- C)** Certified Safety Executive (CSE-WSO)
- D)** Certified Safety Manager (CSM-WSO)
- E)** Certified Safety Specialty (CSS-WSO)
- F)** NYS Licensed Professional Engineer with five years of safety and health experience. The experience must have been within the last ten years.
- G)** Bachelor of Science Degree in industrial hygiene, safety, occupational safety and health, biology, chemistry, environmental health and science, physics, engineering, or a related field, with five years safety and health experience. The experience must have been within the last ten years.
- H)** Insurance Professional (ARM-ALCM) with five years safety and loss prevention experience.
- I)** 8 ½ years of safety and health experience acceptable to the Labor Department. The experience must have been within the last ten years.

**Section VI: Qualifications for the ICR 60 Safety Incentive Program Specialist certification: (Check all qualifications that you currently hold.)**

- A)** Certified Safety Professional (CSP)
- B)** Certified Industrial Hygienist (CIH)
- C)** Certified Safety Executive (CSE-WSO)
- D)** Certified Safety Manager (CSM-WSO)
- E)** Certified Safety Specialty (CSS-WSO)
- F)** NYS Licensed Professional Engineer with three years of safety and health experience. Experience must have been within the past ten years.
- G)** Bachelor of Science Degree in industrial hygiene, safety, occupational safety and health, biology, chemistry, environmental health and science, physics, engineering, or a related field, with three years safety and health experience. The experience must have been within the last ten years.
- H)** Insurance Professional (ARM-ALCM-CLCS) with three years safety and loss prevention experience.
- I)** Five years of safety and health experience deemed acceptable to the Labor Department. The experience must have been within the last ten years.
- J)** DOL Certified Safety Consultant (CSC) for three years with one year of safety and health experience.
- K)** DOL Certified Specialist in Drug and Alcohol Prevention Programs (DAPP) for three years with one year safety and health experience.
- L)** DOL Certified Specialist in Return to Work Programs (RTW) for three years with one year of safety and health experience.

**Section VII: Qualifications for the ICR 60 Drug and Alcohol Prevention Program Specialist certification: (Check all qualifications that you currently hold.)**

- A)** Graduate degree and one or more years of experience directly related to drug and alcohol prevention work (such as psychology, social work, or counseling).
- B)** Credentialed Prevention Professional (CPP) with three years of drug and alcohol prevention experience.
- C)** Credentialed Prevention Specialist (CPS) with three years of drug and alcohol prevention experience.
- D)** Certified Employee Assistance Professional (CEAP) certified by the Employee Assistance Certification Commission with three years of drug and alcohol prevention experience.
- E)** Approval as a Credentialed Alcoholism and Substance Abuse Counselor or a Credentialed Alcohol and Substance Abuse Prevention Professional and Prevention Specialist by the New York Office of Alcoholism and Substance Abuse Services with three years experience.
- F)** Insurance Professional (ARM-ALCM-CLCS) with three years experience in evaluating drug and alcohol prevention programs.
- G)** Five years of drug and alcohol prevention experience or employment as an addiction specialist for an organization certified or funded by the Office of Alcoholism and Substance Abuse Services. Experience must have been within the last ten years.
- H)** DOL Certified Safety Consultant (CSC) for three years with one year of drug and alcohol prevention experience.
- I)** DOL Certified Specialist in Safety (CSS) for three years with one year of drug and alcohol prevention experience.
- J)** DOL Certified Specialist in Return to Work Programs (RTW) under Code Rule 59 for three years with one year of drug and alcohol prevention experience.

**Section VIII: Qualifications for the ICR 60 Return to Work Program Specialist certification: (Check all qualifications that you currently hold.)**

- A)** Certified Case Manager (CCM) with three or more years of experience which involved the development and implementation of vocational rehabilitation plans, including evaluating, counseling, and/or placement of injured employees.
- B)** Certified Disability Management Specialist (CDMS) with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, including evaluating, counseling, and/or placement of injured employees.
- C)** Certified Rehabilitation Counselor (CRC) with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, including evaluating, counseling, and/or placement of injured employees.
- D)** Certified Vocational Evaluator (CVE) with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, as well as the evaluation, counseling, and/or placement of injured employees.
- E)** Licensed Rehabilitation Counselor (LRC) with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, as well as the evaluation, counseling, and/or placement of injured employees.
- F)** American Board of Vocational Experts (ABVE) with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, as well as the evaluation, counseling, and/or placement of injured employees.
- G)** Certified Registered Rehabilitation Nurse (CRRN) with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, as well as the evaluation, counseling, and/or placement of injured employees.
- H)** Other qualified rehabilitation representative with three or more years of experience which includes the development and implementation of vocational rehabilitation plans, as well as the evaluation, counseling, and/or placement of injured employees.
- I)** Graduate Degree plus one year of experience in a human service field specializing in vocational rehabilitation, psychology, vocational counseling, or an equivalent and one or more years experience in such areas as vocational counseling of employees injured in the workplace, assessment, functional capacity measures, psychological testing and measurement, job analysis, job placement, and job surveys.
- J)** Vocational Case Manager with a degree plus three years of experience in counseling and rehabilitation, disability management, case management, and return to work strategies.
- K)** Insurance Professional (ARM-ALCM-CLCS) plus three years experience in return to work practices.
- L)** Five years return to work experience deemed acceptable to the Labor Department. Experience may include services to determine if an employee may return to gainful employment and services necessary to provide an employee the opportunity to return to gainful employment, such as: vocational and medical evaluation; counseling; job analysis; job modification assistance; retraining, including on-the-job training for alternative employment; formal training; academic instruction; and job placement assistance. Experience must have been within the last ten years.
- M)** DOL Certified Safety Consultant (CSC) for three years with one year experience in return to work programs.
- N)** DOL Certified Specialist in Safety (CSS) for three years with one year experience in return to work programs.
- O)** DOL Certified Specialist in Drug and Alcohol Prevention Programs (DAPP) for three years with one year experience in return to work programs.

**Section IX: Service Area**

Please check the applicable boxes to indicate the geographic area you wish to serve. We will post this information on the DOL web site for employers who need the services of a certified Consultant or Specialist.

<input type="checkbox"/> Albany	<input type="checkbox"/> Syracuse
<input type="checkbox"/> Hudson Valley	<input type="checkbox"/> Long Island
<input type="checkbox"/> Binghamton	<input type="checkbox"/> New York City
<input type="checkbox"/> Buffalo	<input type="checkbox"/> White Plains
<input type="checkbox"/> Rochester	<input type="checkbox"/> Other
<input type="checkbox"/> Utica	<input type="checkbox"/> Statewide

**Section X: Child Support Certification**

Are you under an obligation to pay child support?  Yes  No If yes, complete 1-4.

- 1.  I am making payments according to a plan agreed upon by the parties.
- 2.  I am four or more months behind in the payment of child support.
- 3.  My child support obligation is the subject of a pending court proceeding.
- 4.  I am receiving public assistance or supplemental security income.

**Section XI: Employee Verification:**

A Consultant's or Specialist's Certification and Recertification may be denied, suspended or revoked by the Department upon a determination by the Department that: (1) The Consultant's hazard analysis or safety and loss prevention program development is in conflict with generally recognized good safety practices that are applicable to the worksite; (2) The Specialist's Evaluation analysis or development of the WSLPIP is in conflict with generally recognized practices that are applicable to the worksite; or (3) The Consultant or Specialist knowingly included false or misleading information in his or her application materials for Certification or Recertification or in any report required by the applicable Code Rule; or (4) The Consultant or Specialist does not or no longer meets the qualifications for Certification set forth in this Section; or (5) The Consultant or Specialist engaged in improper behavior or conduct calling into question his or her integrity or competence.

To complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. We will maintain this information and use it to process the application you are filing with the License & Certificate Unit. If you don't provide this information, we cannot process your application.

I understand that by signing this, I grant permission to the Commissioner of Labor to provide access to my Unemployment Insurance (U.I.) benefit file.

I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

I swear or affirm as true under penalties of perjury, that all the statements and information I have provided in this application are true to the best of my knowledge and belief. I further acknowledge that intentional submission of any false or misleading information to the Department of Labor in furtherance of this application may constitute a crime and/or provide grounds for the revocation of this license/certificate.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (In ink)

**Section XII: Submission Instructions:**

Submit the completed application packet to the address at the top of the application. Enclose the following with the application:

- Required documents to validate qualifications claimed, such as:
  - Resume which includes all of the information outlined below
  - Verification of your experience from each employer or letters of reference from clients of self-employed applicants on company letterhead as described below
  - Transcript(s)
  - Copy of certificate(s), license(s), etc.

If work experience is being used to qualify for certification, you must submit a resume and verification of your experience.

A resume must include:

- Employer name (indicate if you were self-employed)
- Complete employer mailing address
- Employer phone number
- Supervisor's name
- Dates of employment
- Number of years in qualifying title
- Duties and responsibilities relevant to the certification sought

Your employer(s) must supply verification of your experience. The verification must:

- Be on company letterhead
- Include the dates of your employment
- List duties specific to the certification sought

Self-employed applicants must supply at least two letters of reference from clients for whom the applicant provided consultation services related to the certification sought. The letters of reference must:

- Be on company letterhead
- Include dates of the service
- Describe the service(s) provided