



Hello,

On behalf of the CITF, I would like to welcome you to the Safety Trained Supervisor Construction (STSC) Exam Prep workshop. Congratulations on completing the Superintendent Career Training Program—an accomplishment you should be proud of. We are thrilled to have you join us for an engaging, highly demanding, and fun-filled week.

As you prepare for the STSC Exam, you must complete and submit some documents to the Carpenters International Training Fund (CITF) and the Board of Certified Safety Professionals (BCSP). The first document is the BCSP information Gathering Form. Please fill out this form and return it to your local training center. The second is the SCT Pre-Verification Work Form. These must be submitted to the CITF for approval to take the exam. Once this is completed and you have been registered for the class, you will need to create an account for the BCSP. To do this, visit the BCSP website and follow the instructions provided. Once your account is created, you **MUST** fill out and submit your application to the BCSP. You will find step-by-step instructions on how to do this in this packet.

Your Safety Trained Supervisor Construction (STSC) application **is a crucial step in securing your spot in the workshop. It MUST BE RECEIVED by the BCSP 31 days before the start of the class. This is a strict deadline, and we cannot stress enough the importance of meeting it. Your prompt action will ensure a smooth registration process and guarantee your participation** in the workshop.

Around 45 days from the workshop start, you will receive an email from a representative from the BCSP. This representative will be able to assist you and answer any questions that may arise. Also, your study guide with directions for the class prework will be mailed to the address provided. If you have moved and have a new address, please submit a new BCSP Information Gathering Form with your updated address. **We will not be mailing out additional study materials.**

If you have any questions, please direct them to your local training center. They can assist you.

Once again, I extend my congratulations to you. I look forward to meeting you.

Fraternally,

  
Brian Connearney, CSP  
Technical Coordinator



## BCSP Information Gathering Form

This form collects information from attendees of the Safety Trained Supervisors Construction Exam Prep workshop at the UBC International Training Center in Las Vegas, NV, and arranges delivery of the course study materials.

<b>Course Start Date:</b>		<b>Course End Date:</b>	
<b>UBC Number:</b>			
<b>Full Name on the Photo ID. This must match your registration for the exam:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Preferred Email:</b>		<b>Preferred Phone Number:</b>	
<b>BCSP Customer ID#:</b>		<b>Date of Application Completed:</b>	

Due to the on-site delivery of the STSC exam at the Carpenters International Training Center (CITC), no special accommodations, like extra time or medical assistance, can be provided by the Carpenters International Training Fund (CITF). Participants needing special accommodations must arrange to take the exam at their local Pearson Vue testing center, where such accommodations are available. They should also inform their local training center in advance when submitting the BCSP information-gathering form.

All participants in this course must agree to complete their BCSP account profile and submit their application 31 days before their scheduled class starts. **If the application is over 1 year old, the BCSP will cancel it, and you will need to complete a new application. THIS IS PER THE BCSP POLICY.** Failure to complete this will result in the attendee's registration being canceled. Canceled registrations will not be reinstated. The attendee must register for the next available course.

**I understand that I will be canceled from this course if I do not complete the above requirements. I also understand that the CITF will not reimburse me for lost wages and benefits while attending the training. Any concerns regarding reimbursement for lost wages and benefits must be directed to your local training fund or council.**

\_\_\_\_\_ Participants Initials



# Carpenters International Training Fund Safety Trained Supervisor Construction Exam Prep SCT Prerequisite Verification Form

**Directions:** Please complete the application form completely, ensuring that all sections are completed.

Remember to include a list of all safety training courses and their respective dates.

**Note:** Working safely does meet the requirements of safety experience for this course

Name:	U Number:
Phone number:	Email address:
Mailing address:	

Employer name and address:	Contact person:
Contact person's phone number:	Contact person email address:
Start date of employment: (mm/dd/yyyy)	End date of employment: (mm/dd/yyyy)
Describe overall construction and safety duties with your employer:	

What portion of Job Duties that are Safety Related (%):

Was a portion of this position devoted to protecting people, property, and the environment from harm?

Describe how your job was completed at the professional level and how it is preventing harm/protecting people, property, or the environment. Do not describe job functions in "Functions that are not Safety, Health, or Environmental."

List all the safety and health training you have received from and outside the Union.

**I understand that the Carpenters International Training Fund (CITF) must approve this application, and they may contact my employer to verify that the information provided is true and accurate. Additionally, the CITF may request additional documentation to demonstrate that I have successfully completed the required training. By signing this document, I confirm that I am a member in good standing with my local and will maintain good standing with my local dues at the time of the training. I am also aware that the CITF reserves the right to refuse my attendance at the workshop based on the information I have submitted.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Check one:

Approved       Not Approved

Approving Coordinator name: \_\_\_\_\_

Approving Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Senior Coordinator Name: \_\_\_\_\_

Approving Senior Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not approved, indicate the reason: