



**SAFETY CENTER INCORPORATED**  
 3909 BRADSHAW ROAD | SACRAMENTO, CA 95827  
 (800) 825-7262 | (916) 366-7233 | (916) 366-1762 FAX



# CERTIFIED SAFETY MANAGEMENT SPECIALIST EXAM

**2010 DATES:**  
 Feb 18 • May 13  
 Aug 10 • Nov 16

**EXAM FEES:**  
 \$395 Members  
 \$445 Non-members  
 \$145 retake fee  
 \$195\* Study Manual (optional)  
 \*plus applicable tax, shipping & handling

**TIME:** 9 am - 1 pm

**LOCATION:**  
 Safety Center Incorporated  
 3909 Bradshaw Road  
 Sacramento, CA 95827

**What are You Waiting For?**

**Enhance Your Safety Career Today!**

## OVERVIEW

The CSMS is a certification based upon the Safety Management Specialist Certificate that has been taught by Safety Center Incorporated since the mid 1990s, under the umbrella of the Professional Safety Institute (PSI). This certification affirms that those who have completed the certificate series and passed the examination are authorized to use the CSMS designation.

CSMS is not in competition with national certifications such as the Certified Safety Professional (CSP) and the Certified Industrial Hygienist (CIH). These national exams have requirements of formal education, career specifications, application fees, exam fees, and annual maintenance fees, plus the costs of taking courses and attending seminars to maintain certifications.

There are no annual maintenance fees and once the exam is passed, holders of the CSMS keep it for the rest of their lives. The CSMS exam is a means for full and part-time safety people to acquire a certification based on one standard body of knowledge, the Safety Management Specialist Certificate. The exam is voluntary and is in addition to the completion of the 12-day PSI certificate series of courses.

## WHO SHOULD ATTEND

The CSMS exam can only be taken by those who have completed the twelve-day Professional Safety Institute, Safety Management Specialist Certificate program. Individuals who successfully pass the exam receive an attractive plaque and are eligible to use the CSMS designation after their name on business cards, letters, reports, etc.

## ENROLLMENT FORM



SAFETY CENTER INCORPORATED  
 3909 BRADSHAW ROAD  
 SACRAMENTO, CA 95827

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 QUEN@SAFETYCENTER.ORG



**FAX**



**E-MAIL**



**MAIL**



**PHONE**

NAME \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_  
 made payable to *Safety Center Incorporated*  
**if applicable - please provide a**  
 Purchase Order #: \_\_\_\_\_

Charge to my: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard  
 Account #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**THANK YOU!**

12/17/09

**WWW.SAFETYCENTER.ORG**