

HEALTH & SAFETY ADMINISTRATOR (HSA) APPLICATION

First Name: _____ Last Name: _____

ACSA Student ID or Date of Birth (*mm/dd/yyyy*): _____

Company Name (*if applicable*): _____

Personal address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Code of Ethics:

The HSA shall:

1. Practice sound judgment.
2. Recognize professional limitations and competencies.
3. Practice the highest standards of honesty and integrity.
4. Represent themselves, their qualifications, and their experience accurately.
5. Promote and uphold the distinction of the safety profession.
6. Avoid conflicts of interest.
7. Protect confidential information and share only when legally obligated.
8. Respect dignity, diversity, human rights, and employment standards.
9. Continue professional growth and development.
10. Support the efforts of other safety practitioners.

By signing this application form, I acknowledge that I have read, understand, and will comply with the ACSA Health & Safety Administrator Code of Ethics as written above. I realize that any breach of the Code of Ethics could result in a formal review.

Signature: _____ Date: _____