

NHSA™ Out of Province Application

OVERVIEW

As a certified CFCSA NHSA you are eligible to transfer your status amongst the different provinces.

Each province has their own set of requirements to transfer. Please review Alberta's steps found below:

1. Send a copy of your interprovincial NHSA certificate to ACSA (nhsa@youracsa.ca)
2. Challenge or complete the Alberta Occupational Health & Safety Legislation Awareness (LEG) course. Verification can be provided in one of two ways:
 - a. You can successfully complete ACSA's Alberta OHS Legislation Awareness (LEG) course
OR
 - b. You can write the NHSA Alberta OHS Legislation Challenge Exam. Email nhsa@youracsa.ca for more information about challenging this exam. You will also need to provide proof of your NHSA certification from the province or territory you are coming from before you can challenge the exam.
Please note that there are no rewrites allowed on the Alberta OHS Legislation Challenge Exam. If you are not successful on the challenge exam, you must successfully complete ACSA's Legislation Awareness course.
3. Sign and submit the NHSA Code of Ethics to nhsa@youracsa.ca

Maintenance Requirements

AS a CFCSA NHSA™, you must maintain your designation every three years. To do this, you must submit a copy of your renewed NHSA™ certificate to nhsa@yoacsa.ca.

NATIONAL HEALTH & SAFETY ADMINISTRATOR (NHTSA™) 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 NHTSA 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 National 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: _____