

# NATIONAL HEALTH & SAFETY ADMINISTRATOR™ (NHSA™)

## 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 NHSA™ shall:

1. Practice sound judgement.
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*

If you wish to receive email communications about any of the following topics, please tick the relevant box:

- Course Confirmations, Receipts, Program or Course Changes  
 ACSA Events, System Message and Newsletters