



# INSTRUCTIONS FOR APPLYING FOR CERTIFICATION AS A ROAD SAFETY PROFESSIONAL<sub>1</sub> (RSP<sub>1</sub>)



Carefully read all of the directions before completing the application.  
Applications must be typed.

Required documents must be enclosed as part of the application.

- 1 Check the TPCB website, [www.tpcb.org](http://www.tpcb.org) for up-to-date information and exam schedules.
- 2 Enter your name as it appears on your valid license. Enter birth date in the format: 01/01/1999  
A driver's license or passport is required for entrance to the exam. The name on the application must exactly match the photo ID used for entrance to the examination. Postal code may be omitted if not applicable.
- 3 Please list any current licenses or transportation certification issued to you. "Continuing Professional Development" refers to a verified requirement that the holder of a professional license or transportation certification, engage in a specified quantity of educational or professional improvement activities in order to maintain a valid license.
- 4 If the issuing institution is not identifiable by name alone, please include the location.
- 5 The Certification Board has adopted the following definition "*Road Safety Professional demonstrates expertise in road safety's multidisciplinary dimensions and whose performance of their work makes decisions or takes action that potentially impacts the safety of the traveling public.*"  
  
You should analyze the professional activities involved in each of your reported assignments and estimate an equivalent time for that portion of the assignment devoted to road safety and/or public health. Supervision of employees, including time spent on associated administrative functions, should be prorated on a supportable basis.  
Enter the engagement from/to dates in the format 1/98-2/99 and the amount of applicable road safety experience in 1/10 year increments.
- 6 List the requested information. If the organization name is not adequate identification, please include a location.

- 7 The TPCB will provide an alternate test date if the examination falls on a Sabbath that you observe. Your request for an alternate test date must be accompanied by a letter of confirmation from your clergy.
- 8 Fees are as follows:  
Application and Examination Fee (nonrefundable).....\$100  
Three year certification and renewal fee. (refundable).....\$180  
  
Payment of \$280 must accompany application.\*  
  
Please make check payable to TPCB Inc. Certification fee will be refunded if you do not meet the RSP requirements.
- 9 The statement of obligation is an important part of this application. You should read and understand that it limits certain rights to damages and requires you to certify that the information you supply is based on these instructions and is accurate and complete. It also affirms that you have not had professional license, membership, or employment suspended or terminated for unethical or illegal actions. Please contact staff if you have any questions.
- 10 You must sign and date your application.  
**Note:** For exam preparation information, please visit the TPCB website at <https://www.tpcb.org/certification.rsp/>
- 11 The TPCB will provide facilities fully meeting ADA requirements, similar to those provided to you at your professional school. A request for reasonable testing accommodation must be accompanied by a certification by your health-care provider of reasonable required accommodations. Also contact TPCB at 202-785-0060 ext. 113.

\* An additional fee of \$150 is required for applicants who reside outside of North America





# ROAD SAFETY PROFESSIONAL<sub>1</sub> (RSP<sub>1</sub>) CERTIFICATION APPLICATION



Please return this completed form to:  
Transportation Professional Certification Board Inc.™ (TPCB)  
1627 Eye St., NW, Suite 600 • Washington, DC 20006 USA

Tel: 202-785-0060 • Fax: 202-785-0609 • E-mail: certification@tpcb.org

Please type **all** the following information.

1. Enter date of the examination you wish to take:

\_\_\_\_\_  
DATE (month/year)

A current listing of RSP examination dates and locations can be found on the TPCB website at <https://www.tpcb.org/exams/schedule/>

2. Enter the following personal information. (See instructions.)

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME OR INITIAL

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
EMPLOYER

HOME  BUSINESS PREFERRED MAILING ADDRESS \_\_\_\_\_ STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/PROVINCE

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER (TO BE USED FOR ENTRANCE TO EXAM)  
OR OTHER PHOTO IDENTIFICATION NUMBER

\_\_\_\_\_  
TYPE OF ID

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
FAX

3. Provide the following information on current licenses:

LICENSURE OR CERTIFICATION	ISSUED BY	DATE OF ISSUE	DOES LICENSURE/CERTIFICATION REQUIRE CONTINUING PROFESSIONAL DEVELOPMENT
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List all academic degrees you hold. (See instructions.) Attach additional sheet(s) if needed.

INSTITUTION	FIELD OF STUDY	DEGREE	DATE ISSUED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the back of this page.



5. List all professional assignments since initial degree and **ATTACH A RESUME** describing the scope and duties of each. (See instructions.) Attach additional sheet(s) if necessary.

DATES OF SERVICE (FROM - TO)	TITLE OF POSITION, CITY, STATE/COUNTRY	ORGANIZATION AND SUPERVISOR	YEARS OF TRANSPORTATION, HIGHWAY SAFETY, OR PUBLIC HEALTH EXPERIENCE

6. List all professional, scientific, and honorary organizations of which you are a member. (See instructions.) Attach additional sheet(s) if necessary.

NAME OR ORGANIZATION	GRADE OF MEMBERSHIP	DATE JOINED

7. Check here if you request an alternate test date because the above date conflicts with a Sabbath that you observe. (See instructions.)

8. Please attach a check for the required fees (see instructions) or provide the following information for payment by credit card:

MasterCard   
 VISA   
 American Express

NAME AS IT APPEARS ON CARD / CARD NUMBER / EXPIRATION DATE and CSV CODE  
\$ / /  
AMOUNT / SIGNATURE / DATE  
CREDIT CARD BILLING ADDRESS / CITY / STATE/PROVINCE / ZIP/POSTAL CODE

9. Statement of Obligation

I hereby accept the terms and provisions of the Transportation Professional Certification Board's Inc.'s<sup>TM</sup> policies and procedures for this certification as described in the attached instructions. I agree that in the event that application or examination papers are lost or a scheduled examination is not held for any reason, any claim I may have will be limited to the fees paid by me.

I declare and affirm that I have read the instructions accompanying this application and understand all of the requirements for certification contained therein, including the definition of activities that qualify as transportation highway safety, or public health experience.

I further declare and affirm that all of the information contained in this application and attachments is true and complete and that the claims of transportation highway safety, or public health experience are accurate.

10. Please sign and date this statement.

\_\_\_\_\_  
SIGNATURE / DATE

11. Check here if you request reasonable testing accommodations because of a disability. (See instructions on first page.)

12. I certify and understand TPCB's privacy policy found at <https://www.tpcb.org/TPCB/assets/File/public/privacy.pdf> relating to my personally identifiable information (PII).

13. EU applicants must check this box if you do not want your information shared.

