

**PROFESSIONAL DEVELOPMENT AWARD APPLICATION**

**Applications must be postmarked within 90 days of incurred expense.**

**Mail your completed application to: ROB MILLER, CSP, OHST**

**ASSP – STL Chapter**

**Professional Development Award**

**7090 Stony Ridge Road**

**St. Louis, Missouri 63129**

**PLEASE COMPLETE THE FOLLOWING GENERAL INFORMATION:**

|  |  |
| --- | --- |
| **Name:** | **Phone:** |
| **Street Address:** | |
| **City, State & Zip:** | |
| **E-mail:** | **ASSP Membership No.:** |
| **Employer:** | **Job Title:** |
| **Name of Certification Application & Exam:** | |
| **Total cost of Application & Exam:** | |
| **Signature:** | **Date:** |