Early in the summer, the editor spent most of one morning visiting the Board of Certified Safety Professionals' (BCSP) Secretariat offices in Savoy, Illinois. The visit was hosted by Roger L. Brauer, BCSP Executive Director, and Rodney Simmons, BCSP Technical Director. My purpose was to inquire about the experience of the Safety Professionals in converting to a computer-based examination format. The CSPs were very generous with their time and willing to share their experience.

The Board of Certified Safety Professionals was incorporated in 1969, and currently about 15,000 CSP credentials have been awarded, of which approximately 10,000 remain current. There are some 4,000 candidates in various steps of the process of pursuing this professional safety credential. BCSP is accredited by the National Commission for Certifying Agencies and the Council of Engineering and Scientific Specialty Boards.

The CSP is a two-part exam process with 250-280 objective questions in each part. Over the last couple years the BCSP has transitioned from offering examinations at various proctored sites on a set schedule (just as the ABHP continues to do) to using computer-based examination available via a commercial proctoring service, Sylvan Prometric. Sylvan has a single approved CSP exam (not the entire exam question bank) which is maintained by them on a computer server which can then be accessed by any of their approximately 200 local testing centers (not all Sylvan Learning centers are Sylvan Testing centers). Sylvan is insured/bonded against loss of exam security, but Dr. Brauer felt strongly that the process and controls were inherently more secure than the hard copy/designated proctor system that we use (and BCSP previously used).

An electronic file of qualified/paid candidates is downloaded from BCSP to Sylvan each business day and then "broadcast" to Sylvan locations.

Candidates must schedule with Sylvan in advance, but basically they can sit for the exam at their convenience. The underlying test software supports diagrams, schematics, etc., and many of the BCSP questions have accompanying graphics; these questions apparently have an icon or toolbar on the computer screen that tells the candidate to click for the graph, diagram, or whatever. Although there is only one test, the software can randomize order of questions either within rubrics or totally random; BCSP has chosen to randomize within rubrics.

The candidate knows whether he/she passed or failed before leaving the test site. The candidate survey is also computerized and fed back to BCSP electronically.

In addition to the obvious increased convenience to the candidates, the big benefit anticipated by BCSP is that the workload and cash flow will be better leveled over time (instead of everything happening in the few weeks prior to the test). They said that a drawback is that exam items have to be even more thoroughly QC’d (it is no longer an option to delete a bogus question and re-grade tests after-the-fact).

The Editor’s Impressions: This is the future of credential examinations and the Academy/Board needs a long-term plan to get from hard copy to computerized testing. The BCSP model is directly applicable to our Part I. Part II presents additional challenges. However, the technology is already accessible for CD-ROM presentation of video clips of radiological procedures which could then be critiqued by candidates as one means of testing operational health physics. Many CHPs have insights and experience gleaned from their employer's initiatives with computer-based training and testing. The Board needs your input!

Important Reminders

Candidate applications must be postmarked no later than 15 January for the exam date coinciding with the annual HPS meeting. Application forms are available from the Secretariat OR, can be printed from the Web Page at:

http://phantom.ehs.uiuc.edu/~aahp/

Speaking of web addresses, the Secretariat has a new one. Consequently, Nancy Johnson’s email should now be submitted to:

njohnson@BurkInc.com

Phone numbers and the snail mail address for the AAHP remain unchanged.