OSHA Training Institute (OTI) Education Center Program Safety & Health Fundamentals for General Industry Application for Certificate Program

Read instructions before completing this form.

| Submit completed forms to: (Insert OTI Education Center Name) | | | | | | | | | |
|--|---------------------------------------|---|--|--|--|--|--|--|--|
| It is the responsibility of the applicant to ensure all required and elective courses have been completed prior to submitting this application. An application processing fee of \$95 is due at the time of the application. Please submit copies of this completed and signed Application for Certificate Program and all necessary documentation that verifies successful completion for each course to the OTI Education Center listed above. | | | | | | | | | |
| Requirements to complete the certificate program: | | | | | | | | | |
| Participants must complete a minimum of 7 OTI Education Center courses, comprised of required and elective courses that include a minimum of 68 contact hours of training to earn the certificate in Safety & Health Fundamentals for General Industry. Participants must complete the 3 required courses listed below in item #6 for a minimum of 39 contact hours of training. Participants must complete a minimum of 4 elective courses that include a minimum of 29 contact hours of training from the list below in item #6. | | | | | | | | | |
| 1. | Applicant Name: | | 2. | Title: | | | | | |
| 3. | Company: | | 4. | E-mail: | | | | | |
| 5. | | Applicant Address | | | | | | | |
| | Company: | | | | | | | | |
| | Address: | | | | | | | | |
| (| City: | State: | | | Zip: | | | | |
| | Phone: | () | Fax: | () | | | | | |
| 6. | I have completed the | following courses. Please attach a co | py of your course co | mpletion certificate for each ap | plicable course. | | | | |
| Required Courses Elective Courses | | | | | | | | | |
| | OSHA #511 OSHA #7500 OSHA #7505 | OSHA #521 OSHA #2225 OSHA #2255 OSHA #3095 | OSHA #7000 OSHA #7005 OSHA #7105 OSHA #7115 | OSHA #7200 OSHA #7205 OSHA #7210 OSHA #7210 OSHA #7215 | OSHA #7845 OSHA #7100 or #2045 OSHA #7300 or #2264 | | | | |

7. Statement of Certification

The information I have included herein and submitted to the OTI Education Center (or its designee) is true and accurate.

Applicant Signature _____ Date: _____

OSHA Training Institute (OTI) Education Center Program Safety & Health Fundamentals for General Industry Application for Certificate Program

Read instructions before competing this form.

THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

| OFFICE USE ONLY | | | | | | | | | |
|-----------------------|---|--|--------------------------------|-----------|--|--|--|--|--|
| Date: | | | Approving Authority Signature: | | | | | | |
| Check One: Check One: | | | | | /ed | Not Approved | | | |
| 1. | 1. Approving Authority Name: | | | 2. | Title: | | | | |
| 3. | OTI Education Center: | | | | 4. | E-mail: | | | |
| 5. | | Approving Authority Address | | | | | | | |
| Address: | | | | | | | | | |
| | | | | | | | | | |
| City: | | | | State: | | Zip: | | | |
| Phone: | | () | | | Fax: | : () | | | |
| | | | If not approv | ved, plea | ase indi | dicate reason: | | | |
| | Applic | Applicant did not complete the required courses. | | | | Applicant did not sign form. | | | |
| | Applicant did not submit documentation of completion for all courses. | | | pletion | | Applicant did not complete four of the elective courses. | | | |
| | Application processing fee was not paid. | | | | Applicant did not complete the minimum 68 contact hours. | | | | |
| | Applicant did not complete a minimum of 29 contact hours of elective courses. | | | ntact | | Other: (please explain) | | | |

Process for review and approval:

- The OTI Education Center will review this form for accuracy and ensure that appropriate supporting documentation is attached.
- If this form is not approved, the OTI Education Center will notify the applicant in writing with the reason.
- If the form is approved, the OTI Education Center will send the completed form and all supporting documentation to the Office of Training and Education (OTE) by e-mail to:

OTIECcertificates@dol.gov

- Upon receipt, OTE will process the program certificate, to include the applicant's name and issue date, and will
 mail the program certificate to the OTI Education Center. OTE will contact the OTI Education Center with any
 questions or concerns.
- The authorized OTI Education Center is responsible for issuing the program certificate to the student.

OSHA Training Institute (OTI) Education Center Program Safety & Health Fundamentals for General Industry Application for Certificate Program

Read instructions before competing this form.

Instructions for Applicants

It is the responsibility of the applicant to ensure all required and elective courses have been completed prior to submitting this application for the *Safety & Health Fundamentals for General Industry* certificate program. Submit copies of this completed and signed application and all required documentation of successful course completion for all courses to **(Name & Contact information for approving OTI Education Center)** *along with a check, credit card, or money order for \$95 [enter respective OTI Education Center payment processing information]*. Required documentation is either a course completion certificate or official transcript from the OTI Education Center where the course was completed.

| Item 1: | Applicant Name List full legal name. | Item 2: | <u>Title</u> List current job title. If currently not working, leave this field blank. | | | | |
|---|---|------------|--|-----------------|--|--|--|
| Have 2. | Compony | Item 4: | | | | | |
| Item 3: | Company | item 4: | <u>E-mail</u> | a wax may be | | | |
| • | List current employer. If currently not working, | • | List a current e-mail where you may be contacted. | | | | |
| Item 5: | leave this field blank. | Itom 6: | | | | | |
| item 5. | | | | | | | |
| • | Provide a current address, phone, and fax number where you may be contacted. Check the boxes which c applicable OSHA courses co | | | | | | |
| OSHA Courses Comp OSHA Courses Prerequisites | | | | | | | |
| | | rieleyu | 151(55 | | | | |
| Must ha | ve completed the 3 required courses: | | | | | | |
| | #511 Occupational Safety and Health Standards | for Genera | al Industry | 26 hours | | | |
| | OSHA #7500 Introduction to Safety and Health Management | | | | | | |
| | OSHA #7505 Introduction to Incident (Accident) Investigation | | | | | | |
| | · · · · · · | | | ·J | | | |
| Must ha | ve completed a minimum of 4 of the followin | a elective | courses that total a minimu | m of 29 contact | | | |
| | f training: | 9 | | | | | |
| OSHA | 26 hours | | | | | | |
| OSHA | 26 hours | | | | | | |
| OSHA | 18 hours | | | | | | |
| OSHA | 20 hours | | | | | | |
| OSHA | 26 hours | | | | | | |
| OSHA | OSHA #7000 OSHA Training Guidelines for Safe Patient Handling | | | | | | |
| OSHA | OSHA #7005 Public Warehousing and Storage | | | | | | |
| | OSHA #7105 Introduction to Evacuation and Emergency Planning | | | | | | |
| OSHA | OSHA #7115 Lockout/Tagout [Controlling Hazardous Energy to Prevent Workplace Injury] | | | | | | |
| | OSHA #7200 Bloodborne Pathogens Exposure Control for Healthcare Facilities | | | | | | |
| OSHA | OSHA #7205 Health Hazard Awareness | | | | | | |
| | OSHA #7210 Pandemic Illness Preparedness | | | | | | |
| OSHA | OSHA #7215 Silica in Construction, Maritime, and General Industries | | | | | | |
| OSHA | OSHA #7845 Recordkeeping Rule Seminar | | | | | | |
| | OSHA #7100 Introduction to Machinery and Machine Safeguarding OR | | | | | | |
| | OSHA #2045 Machinery and Machine Guarding Standards | | | | | | |
| | 26 hours 7 hours | | | | | | |
| | 20 hours | | | | | | |