

OSHA Training Institute Education Centers Program
OSHA Trainer Course
PREREQUISITE VERIFICATION FORM
Read instructions on pages 6-8 before completing this form.

Complete this Section to Substitute Education or Professional Certification for Two (2) Years Work Experience

<p>40a. COLLEGE DEGREE - PROOF REQUIRED</p> <p><input type="checkbox"/> I have a degree in occupational safety and health from an accredited college or university</p> <p>Name of College or University from which degree was acquired _____</p> <p>Academic Major _____</p> <p>Degree Level _____</p> <p>Date of Graduation _____</p> <p><input type="checkbox"/> Attach required copy of official transcripts.</p>	<p>40b. PROFESSIONAL CERTIFICATION - PROOF REQUIRED</p> <p><input type="checkbox"/> Certified Safety Professional (CSP)</p> <p><input type="checkbox"/> Certified Industrial Hygienist (CIH)</p> <p><input type="checkbox"/> Certified Marine Chemist (CMC) (Maritime applicants only)</p> <p>Attach required copy of current professional certification as a CSP, CIH, CMC</p> <p>Name and address of Certifying Organization: _____ _____</p> <p><input type="checkbox"/> _____ _____</p>
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41. I have previously been subject to revocation, suspension, or probation by OSHA Yes No

42. If responded yes to #41, please attach all OSHA correspondence related to the investigation.

43. Statement of Certification

I certify that the information I have included herein and submitted to the OTI Education Center is true and accurate. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. 1001 and section 17(g) of the Occupational Safety and Health Act, 29 U.S.C. 666 (g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Check one:

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Approving Official Name: _____	Approving Official Title: _____
		Approving Official Signature: _____	Date: _____

If not approved, please indicate reason:

- | | |
|--|--|
| <input type="checkbox"/> Applicant did not demonstrate completion of the prerequisite course within the previous seven years | <input type="checkbox"/> Applicant did not include transcripts |
| <input type="checkbox"/> Applicant did not demonstrate the required years of experience | <input type="checkbox"/> Applicant did not sign form |
| <input type="checkbox"/> Applicant did not submit proof of applicable certification or degree | |
| <input type="checkbox"/> Other (Please explain) | |