



## Specialist in Safety and Health - Healthcare Industry Application (SSH-HI)

Great Plains OSHA Ed Center will accept ONE Certificate of Completion from a different OTIEC toward Certification. Proof of completion must be provided with this request via email: SLUCEET@slu.edu

Name	<b>:</b>	Date Requested:		
Street	Address:			
City:		State:	Zip:	
Phone	:	Email:		
REQUIR ELECTIV	RED:  OSHA 521 – OSHA Guide to Indu  /ES (Minimum of 3 required):  OSHA 511 – Standards for Gene  OSHA 2225 – Respiratory Protect  OSHA 2255 – Principles of Ergor  Healthcare Focus Four:  OSHA 7000 OSHA Training  OSHA 7200 Bloodborne Pa  OSHA 7205 Health Hazard  OSHA 7845 Recordkeeping	eral Industry ection nomics g Guidelines for Safe Patien athogens Exposure Contro ls Awareness		
2.	<b>PAYMENT</b> : There is a Certification F will be contacted to make payment by Your certification certificate and desk to the address listed.	credit card.		
	Check List is for INTERNAL USE ONLY. Employee Date/ Initial all items below when completed.			
	Certificates received & verified:	program #	fee paid:	_
	Certificate issued & mailed (note if stu	ıdent pickup):		_
	Plague Ordered & mailed (note if stud	ent nickun):		