## **OSHA Training Institute Education Centers Program OSHA Trainer Course** PREREQUISITE VERIFICATION FORM

Read instructions on pages 6-8 before completing this form.

Please submit minimum 3 weeks prior to training.

	Submit con	npleted forms to	):	Approved:		
SHA® Training Institute Education Centers	Saint Louis University, CEET	email:		Declined:		
Education Centers	Great Plains OSHA Education Cer 3545 Lafayette Ave., Salus Center	nter dephanie.m	cgillbrandon@slu.e	du Approving Authority:		
Great Plains OSHA Education Center	St. Louis, MO 63104 314-977-825	6 Fax:	314-977-3234			
It is the responsibility of the applicant to ensure all course prerequisites have been met prior to enrolling in the course. Please submit copies of this completed and signed form, and supporting documentation for prerequisite courses to the authorized OSHA Training Institute (OTI) Education Center listed above prior to enrolling in the course. Registration is not permitted without prior OTI Education Center approval.						
OSHA Trainer Course Prerequisites						
-	ational Safato and III 101 Co.	for the C	ion Industria	#510 Occumation -1 C. C.		
<ul> <li>OSHA #500 Trainer Course in Occupe Health Standards for the Construction In</li> </ul>	dustry course completed within the la	ast seven years an	d five years of constr	ruction safety experience. A		
bachelor or higher college degree in o	ccupational safety and health or indu	astrial hygiene by	an accredited college	or university, a Certified Safety		
Professional (CSP) or Certified Indust experience.	тал Hygienist (CIH) designation in ti	ne applicable train	ung area may be sub	stituted for two years of		
OSHA #501 Trainer Course in Occupation						
Standards for General Industry course co	ompleted within the last seven years	and five years of	general industry safe	ty experience. A bachelor or		
higher college degree in occupational (CSP) or Certified Industrial Hygienis						
<ul> <li>OSHA #5400 Trainer Course in Occup</li> </ul>	pational Safety and Health Standard	ls for the Maritime	<mark>e Industry</mark> – OSHA #3	5410 Occupational Safety and		
Health Standards for the Maritime Indus bachelor or higher college degree in o						
Chemist (CMC), Certified Safety Profe	essional (CSP) or Certified Industrial					
substituted for two years of experience	ce.					
<ul> <li>OSHA #5600 Disaster Site Worker Trainer, three years of safety training expressions.</li> </ul>						
credentials in a building trade union.	1 - 122, and extrer completion of	1.vui 11/1/2/	course or por	surjourney level		
NOTE W. 1.						
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NOTE: Working safely does not meet the requirements of safety experience for any course.						
Applicant Information – Pl	the requirements of safety experience lease type or print. (Read instruc		6-8 before comple	ting this form)		
			6-8 before comple	ting this form)		
Applicant Information – Pl	lease type or print. (Read instruc	ctions on pages	6-8 before comple	ting this form)		
Applicant Information – Pl  Applicant Legal Name:	lease type or print. (Read instruc	ctions on pages  Job Title:	6-8 before comple	ting this form)		
Applicant Information - Pl  Applicant Legal Name:  Company:	lease type or print. (Read instruc	ctions on pages  Job Title:	6-8 before comple	ting this form)		
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Applicant Information - Pl  1. Applicant Legal Name: 3. Company: 5. Applicant Mailing Address:	lease type or print. (Read instruc	Job Title: Email:	6-8 before comple			
Applicant Information - Pl  Applicant Legal Name:  Company:	lease type or print. (Read instruc	ctions on pages  Job Title:	6-8 before comple	zip:		
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Applicant Information - Pl  Applicant Legal Name:  Company:  Applicant Mailing Address:  City:  Phone No.:	lease type or print. (Read instruction 2. 4.	Job Title: Email:  State:	6-8 before comple			
Applicant Information - Pl  Applicant Legal Name:  Company:  City:  Phone No.:  Indicate course applying for: OSH.	2. 4. Fax I	Job Title: Email:  State:	A #5600			
Applicant Information - Pl  Applicant Legal Name:  Company:  City:  Phone No.:  Indicate course applying for: OSH.	2.   4.	State:  No.:  #5400 OSHA	A #5600 A #5602	ZIP:		
Applicant Information - Pl  Applicant Legal Name:  Company:  City:  Phone No.:  Indicate course applying for: OSH.	Fax I  A #500 OSHA #501 OSHA  A #502 OSHA #503 OSHA  or #5602, attach a copy of your currer pletion, fill in item 7 and 8, then skip	State:  No.:  #5400 OSHA  #5402 OSHA  order of OSHA Outreac  p to line 41.	A #5600 A #5602 h Training Program	ZIP:		
Applicant Information - Pl  Applicant Legal Name:  Company:  Applicant Mailing Address:  City:  Phone No.:  Indicate course applying for: OSH If applying for OSHA #502, #503, #5402, of transcript of Outreach trainer course comp.  Course Start Date:	Fax I  A #500 OSHA #501 OSHA  A #502 OSHA #503 OSHA  or #5602, attach a copy of your currer pletion, fill in item 7 and 8, then skip	State:  No.:  #5400 OSHA  #5402 OSHA  nt OSHA Outreac	A #5600 A #5602 h Training Program	ZIP:		
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## **OSHA Training Institute Education Centers Program OSHA Trainer Course** PREREQUISITE VERIFICATION FORM

	Read instructions on pag	es 6-8 befor	e completing this form.
	Complete this Section to Substitute Education or	Professional C	ertification for Two (2) Years Work Experience
40a.	COLLEGE DEGREE - PROOF REQUIRED	40b.	PROFESSIONAL CERTIFICATION - PROOF REQUIRED
	I have a degree in occupational safety and health from an accre college or university	dited	Certified Safety Professional (CSP)
	Name of College or University from which degree was acquired	d 🗆	Certified Industrial Hygienist (CIH)
	Academic Major		Certified Marine Chemist (CMC) (Maritime applicants only)
_	Degree Level		
=	Date of Graduation		Attach required copy of current professional certification as a CSF CIH, CMC
			Name and address of Certifying Organization:
П	Attach required copy of official transcripts.		
Ш	Amach required copy of official numberipes.		
If resp Staten	e previously been subject to revocation, suspension ponded yes to #41, please attach all OSHA correspondent of Certification  at the information I have included herein and submitted to the submitted of the subm	ndence rel	
If resp Staten rtify the ect to it erstand section	ponded yes to #41, please attach all OSHA correspondent of Certification  at the information I have included herein and submitted a simmediate dismissal from the OSHA Outreach Training at that providing false information herein may subject men 17(g) of the Occupational Safety and Health Act, 29 U.	ondence rel to the OTI Ed Program if in to civil and d	nted to the investigation.  Advantage of the investigation of the investance of the investigation of the investigation.  I description of the investigation
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Other (Please explain)