

OSHA 502 / 503 / Authorized Outreach Trainer Update Form

COURSE PREREQUISITE & EXPERIENCE REQUIREMENT ELIGIBILITY STATEMENT

Complete this form and sign. (E-signatures are acceptable. Please do not type your name in the signature box.) Submit form and required documentation to safety.first@mcckc.edu. If you have any questions please contact us at (816) 604-5416.

Full Legal Name:			
Mailing Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Course Start Date:	Course End Date:		
Course Location:			

OSHA 502 Prerequisite:

☐ Copy of current **Construction** outreach trainer card front and back required

☐ Copy of Driver's License

OSHA 503 Prerequisite:

☐ Copy of current **General Industry** outreach trainer card front and back required

Note: On October 10, 2022, the 90-day grace period was eliminated. If your card is expired, the trainer course must be retaken. Additionally, if you have not taken the industry standards course within the last 7 years, you will also be required to retake that course.

Please answer the questions below, sign, and date.

Have you previously been subject to revocation, suspension, or probation by OSHA? ☐ Yes ☐ No

If you responded yes above, please attach all OSHA correspondence related to the investigation.

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 the Act.

Signature: _____ Date: _____

Office Use Only

Approving Authority Name: _____	Approving Authority Signature: _____
Email: _____	Title: _____
Approved: ☐ Not Approved: ☐	Date: _____