

# OSHA Training Institute (OTI) Education Centers Program Public Sector Safety & Health Fundamentals for General Industry Application for Certificate Program

Read instructions before completing this form.

Submit completed forms to:

Great Plains OSHA Ed Center  
1775 Universal  
Kansas City MO 64120

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 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 authorized OTI Education Center listed above.

### Requirements to complete the certificate program:

Participants must complete a minimum of seven (7) courses, comprised of required and elective courses that include a minimum of 68 contact hours of training through the OTI Education Centers Program to complete the *Public Sector Safety & Health Fundamentals for General Industry* certificate program.

- Participants must have completed the three (3) required courses listed below in Item #6 for a minimum of 39 contact hours of training.
- Participants must have completed a minimum of four (4) elective courses that include a minimum of 29 contact hours of training from the list below in Item #6.

#### Applicant Information - Please type or print

1.	Applicant Name:		2.	Title:	
3.	Company:		4.	E-Mail:	
5.	Applicant Address				
	Company:				
	Address:				
		City:		State:	ZIP:
	Phone:	(      )	Fax:	(      )	
6.	<b>I have completed the following course(s) (Please attach a copy of your course completion certificate for each applicable course):</b>				
	Required Courses		Elective Courses		
	<input type="checkbox"/>	OSHA #511	<input type="checkbox"/>	OSHA #521	<input type="checkbox"/>
	<input type="checkbox"/>	OSHA #7500	<input type="checkbox"/>	OSHA #2255	<input type="checkbox"/>
	<input type="checkbox"/>	OSHA #7505	<input type="checkbox"/>	OSHA #3095	<input type="checkbox"/>
			<input type="checkbox"/>	OSHA #7005	<input type="checkbox"/>
			<input type="checkbox"/>	OSHA #7100 or #2045	<input type="checkbox"/>
			<input type="checkbox"/>	OSHA #7105	<input type="checkbox"/>
			<input type="checkbox"/>	OSHA #7300 or 2264	<input type="checkbox"/>
			<input type="checkbox"/>	OSHA #7115	<input type="checkbox"/>
			<input type="checkbox"/>	OSHA #7000	<input type="checkbox"/>
				OSHA #7200	<input type="checkbox"/>
				OSHA #7205	<input type="checkbox"/>
				OSHA #7210	<input type="checkbox"/>
				OSHA #7845	<input type="checkbox"/>

### 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 Centers Program**  
**Public Sector Safety & Health Fundamentals for General Industry**  
**Application for Certificate Program**  
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**THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY**

OFFICE USE ONLY										
Check One:				Approving Authority Signature						
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved	Date						
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 approved, please indicate reason:										
<input type="checkbox"/>	Applicant did not complete the required courses				<input type="checkbox"/>	Applicant did not complete four of the elective courses				
<input type="checkbox"/>	Applicant did not submit documentation of completion for all courses				<input type="checkbox"/>	Applicant did not complete a minimum of 29 contact hours of elective courses				
<input type="checkbox"/>	Applicant did not sign form				<input type="checkbox"/>	Applicant did not complete the minimum 68 contact hours				
<input type="checkbox"/>	Application processing fee was not paid				<input type="checkbox"/>	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 Directorate of Training and Education (DTE) at the following address:

Director  
 Office of Training Program and Administration  
 OSHA Directorate of Training and Education  
 2020 S. Arlington Heights Road  
 Arlington Heights, IL 60005-4102

- Upon receipt, DTE 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. DTE 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 Centers Program Public Sector Safety & Health Fundamentals for General Industry Application for Certificate Program

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## 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 *Public Sector 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** Title

List current job title. If currently not working, leave this field blank.

**Item 3** Company

List current employer. If currently not working, leave this field blank.

**Item 4** E-Mail

List a current email where you may be contacted.

**Item 5** Applicant Address

Provide a current address, phone and fax number where you may be contacted.

**Item 6** Completed Course(s)

Check the box which corresponds to the applicable OSHA course(s) completed.

**OSHA Course Prerequisites**

▪ **Must have complete the three (3) required courses:**

- OSHA #511 *Occupational Safety and Health Standards for General Industry*
- OSHA #7500 *Introduction to Safety and Health Management*
- OSHA #7505 *Introduction to Accident [Incident] Investigation*

▪ **Must have complete a minimum of four (4) of the following elective courses that include a minimum of 29 contact hours of training:**

- OSHA #3095 *Electrical Standards* (26 hours)

- OSHA #521 *OSHA Guide to Industrial Hygiene* (26 hours)
- OSHA #2255 *Respiratory Protection* (26 hours)
- OSHA #2264 *Permit-Required Confined Space Entry* (20 hours)

**OR**

OSHA #7300 *Understanding OSHA's Permit-Required Confined Space Standard* (7 hours)

- OSHA #7000 *OSHA Training Guidelines for Safe Patient Handling* (7.5 hours)
- OSHA #7005 *Public Warehousing and Storage* (7 hours)

- OSHA #2045 *Machinery & Machine Guarding* (26 hours)

**OR**

OSHA #7100 *Introduction to Machinery and Machine Safety Guarding* (4 hours)

- OSHA #7105 *Introduction to Evacuation and Emergency Planning* (4 hours)
- OSHA #7115 *Lockout/Tagout [Controlling Hazardous Energy to Prevent Workplace Injury]* (7.5 hours)
- OSHA #7200 *Bloodborne Pathogens Exposure Control for Healthcare Facilities* (7 hours)
- OSHA #7205 *Health Hazard Awareness* (6 hours)
- OSHA #7210 *Pandemic Influenza and Workplace Preparedness* (5.5 hours)
- OSHA #7845 *Recordkeeping Rule Seminar* (4 hours)