



## Safety, Health & Environmental Professional (SHEP) Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*\*A minimum of three (3) of the certificates for the SHEP must have been completed at a Kansas City Region (KS-NE-MO-IA) OSHA Training Institute Education Center (OTIEC).*

### Risk Management and Environmental

**Three (3) Required**

|   |                            |
|---|----------------------------|
| EHSM 6036 – Introduction to Environmental Compliance and Management     | Copy of Certificate: _____ |
| RMSM 6010 – Safety, Health and Environmental Risk Management Principles | Copy of Certificate: _____ |
| EHSM 7900 or 7901 HAZWOPER 24 or 40 Hour                                | Copy of Certificate: _____ |

### Safety & Health

**One (1) Required**

|                            |                            |
|----------------------------|----------------------------|
| CSHO General Industry      | Copy of Certificate: _____ |
| CSHO Construction Industry | Copy of Certificate: _____ |

(over)



*Please check box of choice for award and/or certificate:*

Award & Certificate (\$105)   
(shipping extra)

Certificate only (\$25)

**NOTE:**

- Once application has been received and approved you will be contacted for payment.
- Your certification certificate and/or plaque will list your name exactly as listed on this application and will ship to the address listed.

---

Signature of Applicant

Date

I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction including certificate denial, suspension/ revocation or the imposition of civil penalties as may be provided by law.

---

Received By

Date

---

Approved By

Date