OSHA Training Institute (OTI) Education Center Program Safety & Health Fundamentals for General Industry Application for Certificate Program

Read instructions before completing this form.

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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 is due at the time of application (see page 4). 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 OTI Education Center listed above.										
Rec	uirements to con	nplete	e the certificate	progra	am:					
 Participants must complete a minimum of 7 OTI Education Center courses, comprised of required and elective courses that include a minimum of 68 contact hours of training to earn the certificate in Safety & Health Fundamentals for General Industry. Participants must complete the 3 required courses listed below in item #6 for a minimum of 39 contact hours of training. Participants must complete a minimum of 4 elective courses that include a minimum of 29 contact hours of training from the list below in item #6. 							Safety & f 39 contact			
1.	Applicant Name:					2.	Titl	e:		
1.	Applicant Name:					2.	Titl	-		
1. 3.	Applicant Name: Company:					2. 4.		e: nail:		
					Applicant /	4.	E-n	-		
3.					Applicant /	4.	E-n	-		
3.	Company:				Applicant /	4.	E-n	-		
3.	Company: Company:			State:	Applicant /	4.	E-n	-	Zip:	
3.	Company: Company: Address:	()		Applicant /	4.	E-n	-	Zip:	
3.	Company: Company: Address: City: Phone:	(following) ng courses. Please :	State:		4. Addres	E-n	-		course.
3. 5. (0 6.	Company: Company: Address: City: Phone:	(followi) ng courses. Please a	State:		4. Addres	E-n	nail:) on certificate for each a		course.
3. 5. (0 6.	Company: Company: Address: City: Phone: I have completed the	(following) ng courses. Please : OSHA #521	State:		4. Addres Fax: ourse co Elective	E-n	nail:) on certificate for each a	pplicable	course.
3. 5. (0 6.	Company: Company: Address: City: Phone: I have completed the Required Courses	(followin		State:	opy of your co	4. Addres Fax: ourse co Elective	E-n	nail:) on certificate for each a	pplicable of OS	

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: _____

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THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

OFFICE USE ONLY										
Date: Approving A			Approving Authority	Signature	:					
Check One: Approv				/ed	1	Not Approv	/ed			
1. Approving Authority Name:				2.	Titl	e:				
3.	OTI Education Center:			4.	E-mail:					
5.		Approving Authority Address								
Address:										
City:				State:					Zip:	
Phone:		()			Fax:	()			
If not approved, please indicate reason:										
	Applic	Applicant did not complete the required courses.				Applicant did not sign form.				
	Applicant did not submit documentation of completion for all courses.					Applicant did not complete four of the elective courses.				
	Application processing fee was not paid.				Applicant did not complete the minimum 68 contact hours.					
	Applicant did not complete a minimum of 29 contact hours of elective courses.					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 Office of Training and Education (OTE) by e-mail to:

OTIECcertificates@dol.gov

- Upon receipt, OTE 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. OTE 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.

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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 *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 **Barton Community College, 100 Continental Drive, Grandview Plaza, KS 66441** along with a check, credit card, or money order made out to Barton Community College. Required documentation is either a course completion certificate or official transcript from the OTI Education Center where the course was completed.

Item 1:		Item 2:	<u>Title</u>			
	List full legal name.		List current job title. If currently not working leave this field blank.			
Item 3:	Company	Item 4:	<u>E-mail</u>			
•	List current employer. If currently not working,	•	List a current e-mail whe	re you may be		
	leave this field blank.		contacted.			
Item 5:	Item 5: Applicant Address: Provide a current address, phone, and fax · Check the boxes which co					
•	prrespond to the					
	mpleted.					
	OSHA Course	Prerequ	isites			
Mustha	ve completed the 2 required courses					
	ve completed the 3 required courses: #511 Occupational Safety and Health Standards	for Conor	al Industry	26 hours		
	#511 Occupational Salety and Health Standards #7500 Introduction to Safety and Health Manager		armoustry	5 ¹ / ₂ hours		
	#7505 Introduction to Incident (Accident) Investig			7 ¹ / ₂ hours		
USHA		alion		7 /2 HOUIS		
hours of	ve completed a minimum of 4 of the followin f training: #521 OSHA Guide to Industrial Hygiene	g elective	e courses that total a minimu	Im of 29 contact		
OSHA	26 hours					
OSHA	18 hours					
OSHA	20 hours					
OSHA	26 hours					
	#7000 OSHA Training Guidelines for Safe Patien	t Handling		7 ¹ / ₂ hours		
	#7005 Public Warehousing and Storage			7 hours		
OSHA	4 hours					
OSHA	OSHA #7105 Introduction to Evacuation and Emergency Planning OSHA #7115 Lockout/Tagout [Controlling Hazardous Energy to Prevent Workplace Injury]					
OSHA	OSHA #7200 Bloodborne Pathogens Exposure Control for Healthcare Facilities					
	OSHA #7205 Health Hazard Awareness					
	OSHA #7210 Pandemic Illness Preparedness					
OSHA	7 hours 4 hours					
OSHA	OSHA #7845 Recordkeeping Rule Seminar					
	OSHA #7100 Introduction to Machinery and Machine Safeguarding OR					
	OSHA #2045 Machinery and Machine Guarding Standards					
	OSHA #7300 Understanding OSHA's Permit-Required Confined Space Standard OR					
	20 hours					

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Certificate \$25

Signature of Applicant	Date
Received By	Date
Approved By	Date