



# Specialist in Safety and Health Application

## Healthcare Industry

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 SSH must have been completed at a Kansas City Region (KS-NE-MO-IA) OSHA Training Institute Education Center (OTIEC).**

### Required Classes:

OSHA #521 OSHA Guide to Industrial Hygiene Copy of Certificate: \_\_\_\_\_

### Elective courses completed (must have 3):

OSHA #511 Standards for General Industry Copy of Certificate: \_\_\_\_\_

OSHA #2225 Respiratory Protection Copy of Certificate: \_\_\_\_\_

OSHA #2255 Principles of Ergonomics Copy of Certificate: \_\_\_\_\_

### **Healthcare Focus Four (counts towards one class)**

OSHA #7000 OSHA Training Guidelines for Safe Patient Handling Copy of Certificate: \_\_\_\_\_

OSHA #7200 Bloodborne Pathogens Exposure Control for Healthcare Facilities Copy of Certificate: \_\_\_\_\_

OSHA #7205 Health Hazards Awareness Copy of Certificate: \_\_\_\_\_

OSHA #7845 Recordkeeping Rules Copy of Certificate: \_\_\_\_\_

(over)



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

Award & Certificate (\$105)       Certificate only (\$25)   
(shipping extra)

**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.

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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.

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Received By \_\_\_\_\_ Date \_\_\_\_\_

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Approved By \_\_\_\_\_ Date \_\_\_\_\_