Prerequisite Verification Form
Cal/OSHA Outreach Trainer Course

Submit completed form to:

UC San Diego
Division of Extended Studies
OSHA Training Institute Education Center
EMAIL: oshatraining@ucsd.edu

It is the responsibility of the applicant to ensure all course prerequisites have been met prior to enrolling in the course. Please submit copies of this completed and signed form and all necessary documentation for prerequisite courses PRIOR TO ENROLLING IN THE COURSE. Registration is not permitted without approval.

Applicant Information – Please type

Applicant Name:	Title:
Company:	**Email:**

Address:

City: State: Zip:

Phone No: Alternate No:

I am applying for: ☐ OSHA 5029   ☐ OSHA 5039

Course Dates: _____   **Course Location:** _____

I have completed the following prerequisite courses.

Please attach a copy of your trainer card for each applicable course:

Construction
☐ OSHA 500
☐ OSHA 502
☐ OSHA 5109
☐ OSHA 5029

General Industry
☐ OSHA 501
☐ OSHA 503
☐ OSHA 5119
☐ OSHA 5039

Student No: U_____   **Trainer Card Expiration Date**: _____

Applicant Signature: **Date:**