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

Read instructions before completing this form.

| Sub   | Submit completed forms to: The University of California San Diego<br>OSHA Training Institute Education Center<br>oshatraining@ucsd.edu |                           |                                       |                  |                         |                   |                |   |                  |                       |
|---|--|---------------------------|---------------------------------------|------------------|-------------------------|-------------------|----------------|---|------------------|-----------------------|
| prio<br>app<br>all r  | the responsibility<br>r to submitting th<br>lication. Please s<br>necessary docum<br>nter listed above.                                | iis ap<br>submi<br>ientat | plication. An ap<br>it copies of this | plicati<br>compl | on proces<br>eted and s | sing fe<br>signed | ee of<br>I App | f \$95 is due at the<br>olication for Certi | e time<br>ficate | of the<br>Program and |
| Requirements to complete the certificate program:   |  |                           |                                       |                  |                         |                   |                |   |                  |                       |
| <ul> <li>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 &amp; Health Fundamentals for General Industry.</li> <li>Participants must complete the 3 required courses listed below in item #6 for a minimum of 39 contact hours of training.</li> <li>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.</li> <li><b>1.</b> Applicant Name:</li> <li><b>2.</b> Title:</li> </ul> |  |                           |                                       |                  |                         |                   |                |   |                  |                       |
| 3.  | Company:   |                           |                                       |                  | 4.                      | E-n               | E-mail:        |   |                  |                       |
| 5.  | Analisant  |                           |                                       |                  | Applicant /             | uddross           |                |   |                  |                       |
|   |  |                           |                                       |                  |                         |                   |                |   |                  |                       |
|   | Company:   |                           |                                       |                  |                         |                   |                |   |                  |                       |
|   | Address:   |                           |                                       |                  |                         |                   |                |   |                  |                       |
| (   | City: State:   |                           |                                       |                  | Zip:                    |                   |                |   |                  |                       |
| Phone: () Fax: ()   |  |                           |                                       |                  |                         | )                 |                |   |                  |                       |
| 6. I have completed the following courses. Please attach a copy of your course completion certificate for each applicable course.   |  |                           |                                       |                  |                         |                   | e course.      |   |                  |                       |
| F   | Required Courses   |                           |                                       |                  |                         | Elective Courses  |                |   |                  |                       |
|   | OSHA #511  |                           | OSHA #521                             |                  | OSHA #70                |                   |                | OSHA #7200                                  |                  | OSHA #7845            |
|   | OSHA #7500   |                           | OSHA #2225                            |                  | OSHA #70                |                   |                | OSHA #7205                                  |                  | OSHA #7100 or #2045   |
|   | OSHA #7505   | ļ                         | OSHA #2255                            |                  | OSHA #71                |                   |                | OSHA #7210                                  | (                | OSHA #7300 or #2264   |
|   |  | Î.                        | OSHA #3095                            |                  | OSHA #712               |                   |                | OSHA #7215                                  |                  |                       |

### 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 U  | SE ONLY                 | 1  |              |  |      |  |
|------------------------------|---|--------|--------------------------------|-----------|-------------------------|--|--------------|--|------|--|
| Date:                        |   |        | Approving Authority Signature: |           |                         |  |              |  |      |  |
|                              |   |        | Check One:                     | Approv    | /ed                     | 1  | Not Approved |  |      |  |
| 1. Approving Authority Name: |   |        |                                |           | 2.                      | Titl   | e:           |  |      |  |
| 3. OTI Education Center:     |   |        |                                | 4.        | E-mail:                 |  |              |  |      |  |
| 5. Approving Authorit        |   |        |                                |           | ty Ad                   | ldress   |              |  |      |  |
| Address:                     |   |        |                                |           |                         |  |              |  |      |  |
|                              |   |        |                                |           |                         |  |              |  |      |  |
| City:                        |   | State: |                                |           |                         |  |              |  | Zip: |  |
| Phone: ( )                   |   | ( )    |                                |           | Fax:                    | (  | )            |  |      |  |
|                              | 1   |        | If not appro                   | ved, plea | ise indi                | icate  | reason:      |  |      |  |
|                              | 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.

# OSHA Training Institute (OTI) Education Center Program 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 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  | Item 2:                                 | Title   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| List full legal name.   | •                                       | List current job title. If currently not working, |  |  |  |  |  |  |
| , i i i i i i i i i i i i i i i i i i i   |   | leave this field blank.                           |  |  |  |  |  |  |
| Item 3: Company   | Item 4:                                 | <u>E-mail</u>                                     |  |  |  |  |  |  |
| List current employer. If currently   | y not working,                          | List a current e-mail where you may be            |  |  |  |  |  |  |
| leave this field blank.   |   | contacted.  |  |  |  |  |  |  |
| Item 5: Applicant Address:  |   | Completed Courses                                 |  |  |  |  |  |  |
| Provide a current address, ph   | Check the boxes which correspond to the |   |  |  |  |  |  |  |
| number where you may be conta   | applicable OSHA courses completed.      |   |  |  |  |  |  |  |
| (   | OSHA Course Prerequisites               |   |  |  |  |  |  |  |
| Must have completed the 2 required as   |   |   |  |  |  |  |  |  |
| Must have completed the 3 required could OSHA #511 Occupational Safety and Here |   | al Industry 26 hours                              |  |  |  |  |  |  |
| OSHA #311 Occupational Safety and He  |   | 5½ hours  |  |  |  |  |  |  |
| OSHA #7505 Introduction to Salety and T   |   | 7½ hours  |  |  |  |  |  |  |
|   | sidenti investigation                   | 1/2110015   |  |  |  |  |  |  |
| <b>.</b>  |   |   |  |  |  |  |  |  |
|   | of the following elective               | e courses that total a minimum of 29 contact      |  |  |  |  |  |  |
| hours of training:  |   |   |  |  |  |  |  |  |
| OSHA #521 OSHA Guide to Industrial Hy   | 26 hours<br>26 hours                    |   |  |  |  |  |  |  |
| OSHA #2225 Respiratory Protection   | 18 hours                                |   |  |  |  |  |  |  |
| OSHA #2255 Principles of Ergonomics<br>OSHA #2264 Permit-Required Confined      | 20 hours                                |   |  |  |  |  |  |  |
| OSHA #2204 Permit-Required Commended  | 20 hours                                |   |  |  |  |  |  |  |
| OSHA #7000 OSHA Training Guidelines   |   |   |  |  |  |  |  |  |
| OSHA #7005 Public Warehousing and St  | 7 hours                                 |   |  |  |  |  |  |  |
| OSHA #7105 Introduction to Evacuation   |   |   |  |  |  |  |  |  |
| OSHA #7115 Lockout/Tagout [Controlling  |   |   |  |  |  |  |  |  |
| OSHA #7200 Bloodborne Pathogens Exp   | care Facilities 7 hours                 |   |  |  |  |  |  |  |
| OSHA #7205 Health Hazard Awareness  | 6 hours                                 |   |  |  |  |  |  |  |
| OSHA #7210 Pandemic Illness Prepared  | 5½ hours                                |   |  |  |  |  |  |  |
| OSHA #7215 Silica in Construction, Maria  | ries 7 hours                            |   |  |  |  |  |  |  |
| OSHA #7845 Recordkeeping Rule Semin   | 4 hours                                 |   |  |  |  |  |  |  |
| OSHA #7100 Introduction   | ne Safeguarding 4 hours                 |   |  |  |  |  |  |  |
| OSHA #2045 Machine  | g Standards 26 hours                    |   |  |  |  |  |  |  |
| OSHA #7300 Understanding OSH  |   |   |  |  |  |  |  |  |
| OR  |   |   |  |  |  |  |  |  |
| OSHA #2264 Perm   | ace Entry 20 hours                      |   |  |  |  |  |  |  |