

OSHA Training Institute Education Centers Program
OSHA Trainer Course
PREREQUISITE VERIFICATION FORM
Read instructions on pages 6-8 before completing this form.

Submit completed forms to: <p align="center" style="font-size: 1.2em;"><i>Great Plains OSHA Education Center</i></p>	Approved: <input type="checkbox"/> Declined: <input type="checkbox"/> Approving Authority:
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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 supporting documentation for prerequisite courses to the authorized OSHA Training Institute (OTI) Education Center listed above prior to enrolling in the course. Registration is not permitted without prior OTI Education Center approval.

OSHA Trainer Course Prerequisites

- **OSHA #500 Trainer Course in Occupational Safety and Health Standards for the Construction Industry** - OSHA #510 Occupational Safety and Health Standards for the Construction Industry course completed within the last seven years and five years of construction safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience.
- **OSHA #501 Trainer Course in Occupational Safety and Health Standards for General Industry** - OSHA #511 Occupational Safety and Health Standards for General Industry course completed within the last seven years and five years of general industry safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience.
- **OSHA #5400 Trainer Course in Occupational Safety and Health Standards for the Maritime Industry** - OSHA #5410 Occupational Safety and Health Standards for the Maritime Industry Course completed within the last seven years and five years of maritime industry safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Marine Chemist (CMC), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience.
- **OSHA #5600 Disaster Site Worker Trainer Course**- Current OSHA authorization as a Construction, Maritime or General Industry Outreach trainer, three years of safety training experience, and either completion of the 40-hour HAZWOPER course or possession of journey-level credentials in a building trade union.

NOTE: Working safely does not meet the requirements of safety experience for any course.

Applicant Information - Please type or print. (Read instructions on pages 6-8 before completing this form)

1. Applicant Legal Name:	2. Job Title:																
3. Company:	4. Email:																
5. Applicant Mailing Address:																	
_____ _____ _____ City: _____ State: _____ ZIP: _____																	
Phone No.: ()	Fax No.: ()																
6. Indicate course applying for: <input type="checkbox"/> OSHA #500 <input type="checkbox"/> OSHA #501 <input type="checkbox"/> OSHA #5400 <input type="checkbox"/> OSHA #5600 <input type="checkbox"/> OSHA #502 <input type="checkbox"/> OSHA #503 <input type="checkbox"/> OSHA #5402 <input type="checkbox"/> OSHA #5602 If applying for OSHA #502, #503, #5402, or #5602, attach a copy of your current OSHA Outreach Training Program trainer card or an official transcript of Outreach trainer course completion and skip to line 41.																	
7. Course Start Date: Course End Date:	8. Course Location (City/State):																
9. I have completed the following prerequisite course(s). (Attach a copy of the course completion card or certificate for each applicable course):																	
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%; text-align: left;">Construction</th> <th style="width:25%; text-align: left;">General Industry</th> <th style="width:25%; text-align: left;">Maritime</th> <th style="width:25%; text-align: left;">Disaster Site Worker</th> </tr> <tr> <td><input type="checkbox"/> OSHA #510</td> <td><input type="checkbox"/> OSHA #511</td> <td><input type="checkbox"/> OSHA #5410</td> <td><input type="checkbox"/> OSHA #500, #501, or #5400</td> </tr> <tr> <td><input type="checkbox"/> OSHA #500</td> <td><input type="checkbox"/> OSHA #501</td> <td><input type="checkbox"/> OSHA #5400</td> <td><input type="checkbox"/> OSHA #5600</td> </tr> <tr> <td><input type="checkbox"/> OSHA #502</td> <td><input type="checkbox"/> OSHA #503</td> <td><input type="checkbox"/> OSHA #5402</td> <td><input type="checkbox"/> OSHA #5602</td> </tr> </table>	Construction	General Industry	Maritime	Disaster Site Worker	<input type="checkbox"/> OSHA #510	<input type="checkbox"/> OSHA #511	<input type="checkbox"/> OSHA #5410	<input type="checkbox"/> OSHA #500, #501, or #5400	<input type="checkbox"/> OSHA #500	<input type="checkbox"/> OSHA #501	<input type="checkbox"/> OSHA #5400	<input type="checkbox"/> OSHA #5600	<input type="checkbox"/> OSHA #502	<input type="checkbox"/> OSHA #503	<input type="checkbox"/> OSHA #5402	<input type="checkbox"/> OSHA #5602	
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List work experience with most recent employer first

10. Employer Name and Job Title:		11. Contact Person:	
12. Contact Person's Phone Number:		13. Contact Person's Email Address:	
14. Employer Address:			
Company: _____			
Address: _____			
City: _____ State: _____ ZIP: _____			
15. Start Date of Employment (mm/dd/yyyy):	16. End Date of Employment (mm/dd/yyyy):	17. What percentage of this position is safety related?	
18. Describe Safety Responsibilities and Activities in this Position:			

19. Describe Overall Job Duties in this Position:

Office Use Only Verified employment	Length of experience in this job (years/months):
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List Work Experience with Next Most Recent Employer

20. Employer Name and Job Title:	21. Contact Person:
22. Contact Person's Phone Number:	23. Contact Person's Email Address:
24. Employer Address: Company: _____ Address: _____ City: _____ State: _____ ZIP: _____	

25. Start Date of Employment (mm/dd/yyyy):	26. End Date of Employment (mm/dd/yyyy):	27. What percentage of this position is safety related?
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28. Describe Safety Responsibilities and Activities in this position.

29. Describe Overall Job Duties in this Position:

Office Use Only Length of experience in this job (years/months):

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Note: Multiple Copies of Page 4 may be included to ensure all applicable experience is listed.

List Work Experience with Next Most Recent Employer

30. Employer Name and Job Title:		31. Contact Person:	
32. Contact Person's Phone Number:		33. Contact Person's Email Address:	
34. Employer Address: Company: _____ Address: _____ City: _____ State: _____ ZIP: _____			
35. Start Date of Employment (mm/dd/yyyy):		36. End Date of Employment (mm/dd/yyyy):	
		37. What percentage of this position is safety related?	
38. Describe Safety Responsibilities and Activities in this Position:			
39. Describe Overall Job Duties in this Position:			

<u>Office Use Only</u>	Length of experience in this job (years/months):
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Complete this Section to Substitute Education or Professional Certification for Two (2) Years Work Experience

40a. COLLEGE DEGREE - PROOF REQUIRED

I have a degree in occupational safety and health from an accredited college or university

Name of College or University from which degree was acquired

Academic Major

Degree Level

Date of Graduation

Attach required copy of official transcripts.

40b. PROFESSIONAL CERTIFICATION - PROOF REQUIRED

Certified Safety Professional (CSP)

Certified Industrial Hygienist (CIH)

Certified Marine Chemist (CMC)
(Maritime applicants only)

Attach required copy of current professional certification as a CSP, CIH, CMC

Name and address of Certifying Organization:

41. I have previously been subject to revocation, suspension, or probation by OSHA Yes No

42. If responded yes to #41, please attach all OSHA correspondence related to the investigation.

43. Statement of Certification

I certify that the information I have included herein and submitted to the OTI Education Center is true and accurate. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. 1001 and section 17(g) of the Occupational Safety and Health Act, 29 U.S.C. 666 (g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Check one:

Approved Not Approved

Approving Official Name:

Approving Official Title:

Approving Official Signature

Date: _____

If not approved, please indicate reason:

Applicant did not demonstrate completion of the prerequisite course within the previous seven years

Applicant did not include transcripts

Applicant did not demonstrate the required years of experience

Applicant did not sign form

Applicant did not submit proof of applicable certification or degree

Other (Please explain)