## 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:				Approved:
_	National Resource Center-CPWR			Declined:
	8484 Georgia Avenue Suite 1000, Silver Spring, MD 2091	0		Approving Authority:
	Suite 1000, Succi Spring, WID 2031	0		
completed and signed form, and su	ant to ensure all course prerequisites have be pporting documentation for prerequisite co e course. Registration is not permitted witho	urses	to the authorized OSHA Training Inst	
OSHA Trainer Course Prerequisit	es			
Health Standards for the Cobachelor or higher colleg Professional (CSP) or Cerexperience.  • OSHA #501 Trainer Coustandards for General Induhigher college degree in Carlot (CSP) or Certified Indust (CMC), Certified Substituted for two years (CMC), Certified Substituted for two years (CSHA #5600 Disaster Sittainer, three years of safe credentials in a building (CSP) or Certified Substituted for two years (CSHA #5600 Disaster Sittainer, three years of safe credentials in a building (CSP) or Certified Substituted for two years (CSHA #5600 Disaster Sittainer, three years of safe credentials in a building (CSP) or Certified Standards for the Coustandards for the Coustandard	te Worker Trainer Course - Current OSHA a ety training experience, and either completion	the lar indu in in the dards years hygie icable mdards e last s r indu estrial	ast seven years and five years of constastrial hygiene by an accredited colleg ne applicable training area may be subsequently as a subsequence of general industry and five years of general industry safene by an accredited college or univers training area may be substituted for the acceptance of the accredited college of maritime industry and five years of maritime is strial hygiene by an accredited college Hygienist (CIH) designation in the application as a Construction, Maritime of the 40-hour HAZWOPER course or possible the subsequence of the subsequence of the subsequence of the first and five years of the subsequence of the sub	ruction safety experience. A e or university, a Certified Safety estituted for two years of ecupational Safety and Health ety experience. A bachelor or eity, a Certified Safety Professional wo years of experience. ets410 Occupational Safety and et industry safety experience. A e or university, a Certified Marine explicable training area may be et General Industry Outreach
	mation - Please type or print. (Read in	struc	ctions on pages 6-8 before comple	eting this form)
1. Applicant Legal Name:		2.	Job Title:	
3. Company:		4.	Email:	
5. Applicant Mailing Address:				
City:			State:	ZIP:
Phone No.: ( )		Fax l	,	
6. Indicate course applying for:	OSHA #500 OSHA #501 C	SHA	#5400 OSHA #5600	
	☐ OSHA #502 ☐ OSHA #503 ☐ C 503, #5402, or #5602, attach a copy of your course completion and skip to line 41.		_	n trainer card or an official
7. Course Start Date: Course End Date:		8. C	ourse Location (City/State):	
9. I have completed the follow Construction	ing prerequisite course(s). (Attach a copy  General Industry	of the		e for each applicable course): saster Site Worker
OSHA #510 OSHA #500 OSHA #502	OSHA #511 OSHA #501 OSHA #503		OSHA #5410 OSHA #5400 OSHA #5402	OSHA #500, #501, or #5400 OSHA #5600 OSHA #5602

## OSHA Training Institute Education Centers Program OSHA Trainer Course PREREQUISITE VERIFICATION FORM

Read instructions on pages 6-8 before completing this form.

	Complete this Section to Substitu	te Education or Professi	onal C	ertification for Two (2) Years Work Experience
40a.	COLLEGE DEGREE - PROOF REQUIRED		40b.	PROFESSIONAL CERTIFICATION - PROOF REQUIRED
	I have a degree in occupational safety and heal college or university	th from an accredited		Certified Safety Professional (CSP)
	Name of College or University from which deg	gree was acquired		Certified Industrial Hygienist (CIH)
	Academic Major			Certified Marine Chemist (CMC) (Maritime applicants only)
	Degree Level			
	Date of Graduation			Attach required copy of current professional certification as a CSP, CIH, CMC
				Name and address of Certifying Organization:
	Attach required copy of official transcripts.			
States ertify the ertify to	immediate dismissal from the OSHA Outr	and submitted to the C each Training Progra	OTI Ed m if in	ucation Center is true and accurate. I understand that I wi formation provided herein is not true and correct. I further
If resp States ertify the oject to a derstand d section resenta	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th	and submitted to the C each Training Progra nay subject me to civil alth Act, 29 U.S.C. 66	OTI Ed m if in and c	ucation Center is true and accurate. I understand that I wi formation provided herein is not true and correct. I further riminal penalties under Federal law, including 18 U.S.C. 10 which provides criminal penalties for making false statemen
If resp States ertify the oject to a derstand d section resenta	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th	and submitted to the Ceach Training Progranay subject me to civilalth Act, 29 U.S.C. 66	OTI Ed m if in and c	ucation Center is true and accurate. I understand that I wi formation provided herein is not true and correct. I further riminal penalties under Federal law, including 18 U.S.C. 10 which provides criminal penalties for making false statemen
If resp States ertify the ertify to elect to derstand derstand resenta	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th t Signature:	and submitted to the Ceach Training Progranay subject me to civilalth Act, 29 U.S.C. 66 at Act.	OTI Ed m if in and c	ucation Center is true and accurate. I understand that I wiformation provided herein is not true and correct. I further riminal penalties under Federal law, including 18 U.S.C. 10 which provides criminal penalties for making false statement
If resp States retify the ject to a derstand section resenta plican	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th t Signature:	and submitted to the Ceach Training Progranay subject me to civilalth Act, 29 U.S.C. 66 at Act.	OTI Edm if in if and cife (g),	ucation Center is true and accurate. I understand that I wi formation provided herein is not true and correct. I further riminal penalties under Federal law, including 18 U.S.C. 10 which provides criminal penalties for making false statemen
If resp States retify the ject to a derstand section resenta plican	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th t Signature:	and submitted to the Ceach Training Progranay subject me to civilalth Act, 29 U.S.C. 66 at Act.	OTI Edm if in if and cife (g),	ucation Center is true and accurate. I understand that I we formation provided herein is not true and correct. I further riminal penalties under Federal law, including 18 U.S.C. 1 which provides criminal penalties for making false statement
If resp States ertify the iject to a derstand decision resenta plican	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th t Signature:	and submitted to the Ceach Training Progranay subject me to civilalth Act, 29 U.S.C. 66 at Act.	OTI Edm if in and confession of the control of the	ucation Center is true and accurate. I understand that I w. formation provided herein is not true and correct. I further iminal penalties under Federal law, including 18 U.S.C. 1 which provides criminal penalties for making false statemen  Date:
If resp States ertify the iject to a derstand derstand derstand resenta	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outr d that providing false information herein n 17(g) of the Occupational Safety and Hea tions in any document filed pursuant to th t Signature:	and submitted to the Ceach Training Programay subject me to civil alth Act, 29 U.S.C. 66 at Act.  OFFICE US: Approving Official Nat	OTI Edm if in and confession of the control of the	ucation Center is true and accurate. I understand that I w. formation provided herein is not true and correct. I further iminal penalties under Federal law, including 18 U.S.C. 1 which provides criminal penalties for making false statemental parts.  Date:  Approving Official Title:
If resp States retify the ject to a derstand section resenta plican	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outred that providing false information herein in 17(g) of the Occupational Safety and Heations in any document filed pursuant to the tSignature:  Approved Not Approved  Approved, please indicate reason:  Applicant did not demonstrate completion of the within the previous seven years	and submitted to the Cleach Training Programay subject me to civil alth Act, 29 U.S.C. 66 at Act.  OFFICE US  Approving Official National Approving Official Signature of the prerequisite course	OTI Edm if in and confession of the control of the	ucation Center is true and accurate. I understand that I w. formation provided herein is not true and correct. I further iminal penalties under Federal law, including 18 U.S.C. 1 which provides criminal penalties for making false statemental parts.  Date:  Approving Official Title:
If resp States rtify the ject to a derstand section resenta plican	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outred that providing false information herein in 17(g) of the Occupational Safety and Heations in any document filed pursuant to the tions in any document filed pursuant to the tions.  Approved Not Approved proved, please indicate reason:  Applicant did not demonstrate completion of the	and submitted to the Cleach Training Programay subject me to civil alth Act, 29 U.S.C. 66 at Act.  OFFICE US  Approving Official National Approving Official Signature of the prerequisite course	OTI Edm if in and confession of the control of the	ucation Center is true and accurate. I understand that I w formation provided herein is not true and correct. I further iminal penalties under Federal law, including 18 U.S.C. 1 which provides criminal penalties for making false statements.  Date:  Approving Official Title:  Date:  Date:
If resp States retify the ject to a derstand section resenta plican	ment of Certification  at the information I have included herein a immediate dismissal from the OSHA Outred that providing false information herein in 17(g) of the Occupational Safety and Heations in any document filed pursuant to the tSignature:  Approved Not Approved  Approved, please indicate reason:  Applicant did not demonstrate completion of the within the previous seven years	ond submitted to the Cleach Training Programay subject me to civil alth Act, 29 U.S.C. 66 at Act.  OFFICE US  Approving Official Nata  Approving Official Signature of Experience	OTI Edm if in and can	wcation Center is true and accurate. I understand that I w formation provided herein is not true and correct. I further iminal penalties under Federal law, including 18 U.S.C. 1 which provides criminal penalties for making false statement Date:    Date: