

## Specialist in Safety & Health

## **Healthcare Industry**

First Name:	Last Name:	MI:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

\*A minimum of three (3) of the certificates for the SSH must have been completed at a Region VII OSHA Training Institute Education Center (OTIEC).

## **Required Class:**

OSHA #521 OSHA Guide to Industrial Hygiene	Copy of Certificate:	YES	
<b>Elective Courses Completed (must have 3):</b>			
OSHA #511 Standards for General Industry	Copy of Certificate:	YES	
OSHA #2225 Respiratory Protection	Copy of Certificate:	YES	
OSHA #2255 Principles of Ergonomics	Copy of Certificate:	YES	
Healthcare Focus Four (counts towards one class)	Copy of Certificates:	YES	
OSHA #7000 OSHA Training Guidelines for Safe Patient Handling			
OSHA #7200 Bloodborne Pathogens Exposure Control for Healthcare Facilities			
OSHA #7205 Health Hazards Awareness			

OSHA #7845 Recordkeeping Rules

## (OVER)



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.

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

Award & Certificate (\$95) (shipping extra)	Certificate only ( (shipping extra)	Certificate only (\$25) (shipping extra)	
Signature of Applicant	Date		
Received By	Date		
Approved By	Date		