OSHA Training Institute (OTI) Education Center Program

Safety & Health Fundamentals for General Industry Application for Certificate Program Read instructions before competing this form.

Submit completed forms to: Great Plains OSHA Ed Center															
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	100 Continental Drive Grandview Plaza, KS 66441														
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Requ	uirements	to comp	olete th	e certificate	program	:									
 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 & Health Fundamentals for General Industry. Participants must complete the 3 required courses listed below in item #6 for a minimum of 39 contact hours of training. 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. 															
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1.	Applicar	nt Name:					2.	Title:							
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OSHA Training Institute (OTI) Education Center Program Safety & Health Fundamentals for General Industry

Application for Certificate Program

THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

OFFICE USE ONLY										
Date:	Approving Authority Signature			:						
Check One: Approved Not Approved										
1.	Approving Authority Name:			2.	Title:					
3.	OTI Education Center:			4.	E-mail:					
5.		Approving Authority								
		Address								
Address:										
City: State:					Zip:					
Phon	Phone: ()			Fax:	()					
If not approved, please indicate reason:										
	Applic	licant 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.				
	Applic	Application processing fee was not paid.				Applicant did not complete the minimum 68 contact hours.				
	Applicant did not complete a minimum of 29 contact					Other: (please explain)				

Process for review and approval:

- The OTI Education Center will review this form for accuracy and ensure that appropriate supporting documentation 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) at the following address:

Director
Division of Training Programs and Administration
OSHA Office of Training and Education
2020 S. Arlington Heights Road
Arlington Heights, IL 60005-4102

- 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 withany 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

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 **Barton Community College**, **100 Continental Drive**, **Grandview Plaza**, **KS 66441** *along with a check, credit card, or money order made out to Barton Community College*. 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 cur	rently not working.		
	•		leave this field blank.	, ,,		
Item 3:	Company	Item 4:	E-mail			
	List current employer. If currently not working,		List a current e-mail wh	nere you may be		
	leave this field blank.		contacted.			
Item 5:	Applicant Address:	Item 6:				
•	Provide a current address, phone, and fax Check the boxes which					
	number where you may be contacted. applicable OSHA courses c					
	OSHA Course I	<u>Prerequisites</u>				
	ave completed the 3 required courses:					
OSHA	#511 Occupational Safety and Health Standards for Ger	neral Industry		26 hours		
OSHA	#7500 Introduction to Safety and Health Management			5½ hours		
OSHA	OSHA #7505 Introduction to Incident (Accident) Investigation					
	ave completed a minimum of 4 of the following elector of training:					
				•••••		
	of training:					
	of training: OSHA #521 OSHA Guide to Industrial Hygiene			26 hours		
	of training: OSHA #521 OSHA Guide to Industrial Hygiene OSHA #2225 Respiratory Protection			26 hours 26 hours		
	OSHA #521 OSHA Guide to Industrial Hygiene OSHA #2225 Respiratory Protection OSHA #2255 Principles of Ergonomics			26 hours 26 hours 18 hours		
	OSHA #521 OSHA Guide to Industrial Hygiene OSHA #2225 Respiratory Protection OSHA #2255 Principles of Ergonomics OSHA #3095 Electrical Standards			26 hours 26 hours 18 hours 26 hours		
	OSHA #521 OSHA Guide to Industrial Hygiene OSHA #2225 Respiratory Protection OSHA #2255 Principles of Ergonomics OSHA #3095 Electrical Standards OSHA #7000 OSHA Training Guidelines for Safe P			26 hours 26 hours 18 hours 26 hours 7½ hours		
	OSHA #521 OSHA Guide to Industrial Hygiene OSHA #2225 Respiratory Protection OSHA #2255 Principles of Ergonomics OSHA #3095 Electrical Standards OSHA #7000 OSHA Training Guidelines for Safe POSHA #7005 Warehousing and Storage	Patient Handling	1	26 hours 26 hours 18 hours 26 hours 7½ hours 7 hours		
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	OSHA #521 OSHA Guide to Industrial Hygiene OSHA #2225 Respiratory Protection OSHA #2255 Principles of Ergonomics OSHA #3095 Electrical Standards OSHA #7000 OSHA Training Guidelines for Safe POSHA #7005 Warehousing and Storage OSHA #7105 Introduction to Evacuation and Emerging OSHA #7115 Lockout/Tagout [Controlling Hazardo]	Patient Handling gency Planning us Energy to P	revent Workplace Injury]	26 hours 26 hours 18 hours 26 hours 7½ hours 7 hours 4 hours		
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Application Processing Fee:		
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Received By	Date	
Approved By	Date	