



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__

Elective Courses Completed (must have 3):

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 (\$105) _____
(shipping extra)

Certificate only (\$25) _____

Signature of Applicant Date

Received By Date

Approved By Date