

**OSHA Training Institute Education Centers Program
OSHA Outreach Trainer Course
PREREQUISITE VERIFICATION FORM**

Read instructions, on the last 2 pages, before completing this form.

Submit completed forms to: The University of Alabama OSHA Training Institute-Education Center
E-Mail: jvance@ccs.ua.edu or Fax: 205 348-3049 – Attn: June Vance

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL COURSE PREREQUISITES HAVE BEEN MET PRIOR TO ENROLLING IN THE COURSE. PLEASE SUBMIT THIS COMPLETED AND SIGNED FORM ALONG WITH COPIES OF ALL CERTIFICATES AND NECESSARY DOCUMENTATION OF PREREQUISITE COURSES TO THE AUTHORIZED OTI EDUCATION CENTER LISTED ABOVE PRIOR TO ENROLLING IN THE COURSE. REGISTRATION IS NOT PERMITTED WITHOUT APPROVAL.

Applicants must meet the following PREREQUISITES in order to be accepted into the OSHA Trainer Course:

- **OSHA #500 Trainer Course for Construction** – REQUIRES: **OSHA #510 Occupational Safety and Health Standards for the Construction Industry course** AND five years of construction safety experience. A college degree in occupational safety and health, a Certified Safety Professional (CSP), or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience with proper documentation.
- **OSHA #501 Trainer Course for General Industry** – REQUIRES: **OSHA #511 Occupational Safety and Health Standards for General Industry course** AND five years of general industry safety experience. A college degree in occupational safety and health, a Certified Safety Professional (CSP), or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience with proper documentation.
- **OSHA #5400 Trainer Course for Maritime** – REQUIRES: **OSHA #5410 Occupational Safety and Health Standards for the Maritime Industry Course** AND three years of maritime safety experience AND one of the following: two years of occupational safety and health experience (with a broad focus) in any industry; a college degree in occupational safety and health from an accredited college or university; an Associate Safety Professional (ASP) designation; Certified Safety Professional (CSP) designation, Certified Industrial Hygienist (CIH) designation, or Certified Marine Chemist (CMC) designation.
- **OSHA #5600 Disaster Site Worker** – REQUIRES: **OSHA #500 Trainer Course in Occupational Safety and Health for the Construction Industry** OR **OSHA #501 Trainer Course in Occupational Safety and Health for General Industry**, three years of safety training experience AND completion of the **40-hour HAZWOPER course**.

If the expiration date on the trainer authorization card is less than ten (10) years old, proper documentation must be provided prior to being allowed to register for the trainer course without having to take the corresponding OSHA prerequisite course. Documentation must be provided to the OTI Education Center in order to verify the OSHA prerequisite course has been successfully completed, including, at a minimum, the most recent applicable trainer authorization card. If proper documentation is not available, completion of the OSHA prerequisite course is required.

In the event a previously authorized trainer wishes to register for a trainer course, but the expiration date on the trainer authorization card is more than ten (10) years old, all OTI Education Centers are required to enforce the current course prerequisites, which include completion of the OSHA prerequisite course.

Outreach trainers are required to attend an Outreach Trainer Update course at least once every four years to maintain their trainer status.

Applicant Information – Please type or print legibly

1. Applicant Name: _____	2. E-Mail: _____
3. Home Phone: _____	4. Cell Phone: _____
5. Home Address: _____	
City: _____	State: _____ Zip: _____

6. I am applying for the: **OSHA #500** **OSHA #501** **OSHA #5400** **OSHA #5600**

NOTE: *This form is not intended for use by trainers taking an update course. An authorized trainer who is interested in attending an update course must submit an authentic copy of their trainer card to the OTI Education Center in advance of enrollment in the update course.*

7. Scheduled Course Dates: - **8. Course Location:** _____

ATTACHED A COPY OF APPLICABLE PREREQUISITE COURSE COMPLETION CERTIFICATE

9. I HAVE COMPLETED THE FOLLOWING PREREQUISITE COURSE

CONSTRUCTION		GENERAL INDUSTRY		MARITIME	
<input type="checkbox"/>	OSHA #510	<input type="checkbox"/>	OSHA #511	<input type="checkbox"/>	OSHA #5410
<input type="checkbox"/>	OSHA #500	<input type="checkbox"/>	OSHA #501	<input type="checkbox"/>	OSHA #5400
<input type="checkbox"/>	OSHA #502	<input type="checkbox"/>	OSHA #503	<input type="checkbox"/>	OSHA #5402

**FORMS SUBMITTED
WITHOUT THE REQUIRED
CERTIFICATE WILL NOT BE
APPROVED**

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LIST WORK EXPERIENCE WITH YOUR MOST RECENT EMPLOYER FIRST

10. Employer's Name:	11. Contact Person:
12. Contact Person's Phone Number:	13. Contact Person's Email Address:
14. Company Name: Address: _____ _____	
City: _____ State: _____ Zip: _____	
15. Start Date of Employment:	16. End Date of Employment:
17. Overall Job Duties in this Position: Related experience must be detailed since this document is a record of safety experience and will be carefully reviewed to determine whether eligibility requirements have been met.	
18. Describe Safety Activities in This Position:	
19. What Percentage of This Position is Safety Related?	
Office Use Only	Length of Experience in this Job:

LIST WORK EXPERIENCE WITH YOUR 2ND MOST RECENT EMPLOYER

20. Employer's Name:	21. Contact Person:
22. Contact Person's Phone Number:	23. Contact Person's Email Address:
24. Company Name: Address: _____ _____	
City: _____ State: _____ Zip: _____	
25. Start Date of Employment:	26. End Date of Employment:
27. Overall Job Duties in this Position: Related experience must be detailed since this document is a record of safety experience and will be carefully reviewed to determine whether eligibility requirements have been met.	
28. Describe Safety Activities in This Position:	
29. What Percentage of This Position is Safety Related?	
Office Use Only	Length of Experience in this Job:

You may copy this page to enter more job experience, if necessary

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LIST WORK EXPERIENCE WITH YOUR 3RD MOST RECENT EMPLOYER

30. Employer Name:		31. Contact Person:	
32. Contact Person's Phone Number:		33. Contact Person's Email Address:	
34. Company Name:			
Address: _____			
City: _____ State: _____ Zip: _____			
35. Start Date of Employment:		36. End Date of Employment:	
37. Overall Job Duties in this Position: Related experience must be <u>detailed</u> since this document is a record of safety experience and will be carefully reviewed to determine whether eligibility requirements have been met.			
38. Describe Safety Activities in This Position:			
39. What Percentage of This Position is Safety Related?			
<u>Office Use Only</u>		Length of Experience in this Job: _____	

Complete This Section To Substitute Education or Professional Certification for 2 Years Work Experience

<p>40a. COLLEGE DEGREE - PROOF REQUIRED</p> <p>I have a degree in occupational safety and health from an accredited college or university</p> <p>_____ Name of College or University from which degree was acquired</p> <p>_____ Date of Graduation</p> <p>_____ Name of Degree</p> <p>_____ Attached is the REQUIRED copy of my transcripts. Unofficial transcript is acceptable.</p>	<p>40b. PROFESSIONAL CERTIFICATION - PROOF REQUIRED</p> <p>_____ I am a Certified Safety Professional (CSP)</p> <p>_____ I am a Certified Industrial Hygienist (CIH)</p> <p>_____ I am a Certified Safety & Health Manager (CSHM)</p> <p>_____ I have the Associate Safety Professional Certification (ASP) (Maritime applicants only)</p> <p>_____ I am a Certified Marine Chemist (CMC) (Maritime applicants only)</p> <p>_____ Attached is the REQUIRED copy of my current professional certification as a CSP, CIH, or CSHM ,</p>
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41. Statement of Certification

By signing below, I certify that the information I have included herein and submitted to the OTI Education Center (or its designee) is true and accurate.

Applicant Signature: _____

Date: _____

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THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

FOR UA OTI-EC OFFICE USE ONLY

Check One:		Approving Authority Signature
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Please print name
If not approved, please indicate reason		
<input type="checkbox"/> Applicant did not take the prerequisite course	<input type="checkbox"/> Applicant's trainer card expired over 10 years ago	
<input type="checkbox"/> Applicant did not submit proof of applicable certification	<input type="checkbox"/> Applicant did not include transcripts	
<input type="checkbox"/> Applicant did not meet the required years of experience	<input type="checkbox"/> Applicant did not sign form	
<input type="checkbox"/> Other (Please explain)		

Read instructions, on the last 2 pages, before completing this form.

ATTACH THE REQUIRED OSHA STANDARDS

CERTIFICATE OF COMPLETION HERE

Read instructions, on the last 2 pages, before completing this form.

Instructions for OSHA Outreach Trainer Course Applicants

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 all necessary documentation of prerequisite courses to: The University of Alabama OTI-EC, Outreach Coordinator, June Vance, E-Mail: jvance@ccs.ua.edu or Fax: 205 348-3049 PRIOR TO ENROLLING IN THE COURSE. Registration is not permitted without approval.

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|---|--|
| <p>Item 1 <u>Applicant Name</u>
List your full, legal name, First, Middle, Last.</p> <p>Item 2 <u>E-Mail</u>
List a current, working email where you can be contacted.</p> <p>Item 3 <u>Home Phone</u>
List your home phone number where you can be contacted.</p> <p>Item 4 <u>Cell Phone</u>
List your cell phone number where you can be contacted.</p> <p>Item 5 <u>Applicant Home Address</u>
Provide your home address where you can be contacted.</p> <p>Item 6 <u>Course</u>
Check the box indicating which course you are interested in attending.</p> <p>Item 7 <u>Scheduled Course Dates</u>
List dates you wish to take course from the OTI-EC Course Schedule. If you are unsure, leave this field blank.</p> <p>Item 8 <u>Course Location</u>
List the location of the specific course in which you would like to enroll from the OTI-EC's Course Schedule. If you are unsure, leave this field blank.</p> <p>Item 9 <u>Prerequisite Course and Certificate REQUIRED</u>
Check the box which corresponds to the applicable prerequisite OSHA course you have completed, as indicated on page 1. Attach the applicable prerequisite OSHA Certificate, as required.</p> <p>Item 10 <u>Employer Name</u>
List your current or most recent employer.</p> <p>Item 11 <u>Contact Person</u>
List the name of your supervisor or someone in Human Resources at that employer who can verify your employment and role for that employer.</p> | <p>Item 12 <u>Contact Person's Phone Number</u>
List a current contact phone number for the person identified in Item 11.</p> <p>Item 13 <u>Contact Person's Email Address</u>
List a valid email address for the person identified in Item 11.</p> <p>Item 14 <u>Employer Address</u>
List the current Company Name and mailing address for the most recent employer.</p> <p>Item 15 <u>Start Date of Employment</u>
List the date you began working for this employer.</p> <p>Item 16 <u>End Date of Employment</u>
List the date you stopped working for this employer. If this is your current employer, list present".</p> <p>Item 17 <u>Overall Job Duties in this Position</u>
List the duties that you performed in this position, focusing on those that are safety-related.</p> <p>Item 18 <u>Describe Safety Activities in This Position</u>
List safety related tasks performed on the job, including the responsibility for the safety of others. Note: Related experience must be detailed since this document is a record of safety experience and will be carefully reviewed to determine whether eligibility requirements have been met.</p> <p>Item 19 <u>What Percentage of This Position is Safety Related?</u>
Indicate the percentage of time devoted to safety related tasks in this position.</p> <p>Items 20-29 <u>Second Employer</u>
If needed, list this information as directed from the corresponding Items 10-19 as it applies to your second most recent position.
<i>This page may be copied if necessary to enter more safety & health work experience</i></p> <p>Items 30-39 <u>Third Employer</u>
If needed, list the information as directed from the corresponding Items 10-19 as it applies to your third most recent position. Attach additional sheets as needed, following the same format.</p> |
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Item 40a College Degree - PROOF REQUIRED

Skip this step if you do not wish to substitute a college degree from an accredited university for 2 years work experience. If applicable, place an "x" in the box indicating you have a college degree in safety from an accredited university, the name of the college or university from which you received the degree, the date you graduated, and the name of the degree earned. Place an "x" in the box indicating that you have attached your transcripts. If you do not include a copy of your transcripts, the degree will not be counted.

Item 40b Professional Certification - PROOF REQUIRED

Skip this step if you do not if you do not wish to substitute a professional certification for work experience. If applicable, place an "x" in the box that corresponds to the professional certification you currently hold. Place an "x" in the box indicating that you have attached a copy of your professional certification. If you do not include proof of your professional certification, it will not be counted.

Item 41 Statement of Certification

Sign the Prerequisite Verification Form here; stating the information you submitted is true and accurate.

Once the UA OTI-EC has received your completed Prerequisite Verification Form, it will be forwarded to our OTI-EC Director for approval. You will be notified within 2-3 business days if you have been approved to register for the Outreach Trainer Course, or what requirements must take place in order to be approved.

June M. Vance, OTI Administrator
University of Alabama, OTI-EC
205 348-4585

E-Mail: jvance@ccs.ua.edu



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