

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

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

	<p>Submit completed forms to:</p> <p>6DLQW /RXLV 8QLYHUVLW\AD&Q(7 #VOX HGX *UHDW 3ODLQV 26+\$ (GXFDWLRQ &HQWHU /DID\HWWH \$YH 6DOXV &HQWHU 6W /RXLV 02</p>	<p>Approved: <input type="checkbox"/> Declined: <input type="checkbox"/> Approving Authority:</p>
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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 supporting documentation for prerequisite courses to the authorized OSHA Training Institute (OTI) Education Center listed above prior to enrolling in the course. . Registr(s r)-7.1 tiit 598(o)-13..84 0.72 19.92c 0.01o C1ro.2 (u) the

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List work experience with most recent employer first

Employer Name: _____ Contact Person: _____

12. Contact Person's Phone Number: _____ 13. Contact Person's Email Address: _____

14. Employer Address:
Company: _____
Address: _____
City: _____ State _____ ZIP: _____

6 WDUW 'DWH RI (PSOR \ P 16 QW Date of Employment (mm/dd/yyyy): _____ 17. What percentage of this position is safety related? _____

18. Describe Safety Activities in this Position \$OO VDIHW\ UHODWHG MRE WDVNV VKRXOG EH LGHQWLILHG DQG UDQNHG LQ WHUPV RI LPS

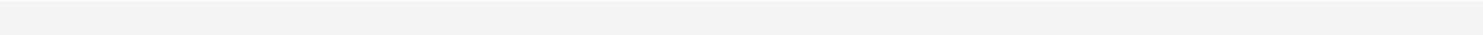
19. Describe Overall Job Duties in this Position \$ EULHI VDWHPHQW GHVFULELQJ WKH VDIHW\ UHODWHG SXUSRVH RI WKH MRE DQG ZK

Office Use Only Verified employment Length of experience in this job (years/months) :

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Note: Multiple Copies of Page 4 may be included to ensure all applicable experience is listed.

List Work Experience with Next Most Recent Employer

- R E 7 L W O H			31. Contact Person:		
32. Contact Person's Phone Number:			33. Contact Person's Email Address:		
34. Employer Address:					
Company: _____					
Address: _____					

City :		State		ZIP:	
35. Start Date of Employment (mm/dd/yyyy) :		36. End Date of Employment (mm/dd/yyyy) :		37. What percentage of this position is safety related?	
38. Describe Safety Activities in this Position \$ O O V D I H W \ \ U H O D W H G M R E					

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Complete this Section to Substitute Education or Professional Certification for Two (2) Years Work Experience

40a

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Submit completed forms to: Address will be provided by the OTI Education Center and used to note approval or disapproval of application.

- Item 1 Applicant Name
Provide full legal name. x For the OSHA #5402, the prerequisite course(s) are the OSHA #5400 or OSHA #5402.
- Item 2 Title
Provide current job title. If currently not working, leave field blank. x For the OSHA #5600, the prerequisite course(s) are the OSHA #5600, OSHA #500, or OSHA #501.
- Item 3 Company
Provide current employer. If currently not working, leave this field blank. x For the OSHA #5602, the prerequisite course(s) are the OSHA #5600 or OSHA #5602.
- Item 4 E-Mail
Provide current e-mail address.
- Item 5 Applicant Mailing Address
Provide current mailing address, phone and fax number.
- Item 6 Course
Check the box indicating which course you are interested in attending.
- Item 7 Course Dates
List dates during which you wish to take the course from the OTI Education Center's course schedule. If unsure, leave this field blank.
- Item 8 Course Location
List the location of the specific course in which you would like to enroll. If unsure, leave this field blank.
- Item 9 Prerequisite Course
Check the box which corresponds to the applicable prerequisite OSHA course(s) completed:
x For the OSHA #500, the prerequisite course(s) are the OSHA #510 or a current OSHA #500 or OSHA #502.
x For the OSHA #502, the prerequisite course(s) are a current OSHA #500 or OSHA #502.
x For the OSHA #501, the prerequisite course(s) are the OSHA #511 or a current OSHA #501 or OSHA #503.
x For the OSHA #503, the prerequisite course(s) are a current OSHA #501 or OSHA #503
x For the OSHA #5400, the prerequisite course(s) are the OSHA #5410, or a current OSHA #5400 or OSHA #5402.
- Item 10 Employer Name and Job Title
Provide job title and current employer name.
- Item 11 Contact Person
Provide name of supervisor or Human Resources at this employer who can verify employment and role for this employee.
- Item 12 Contact Person's Phone Number
Provide current contact phone number for person identified in Item 1 1.
- Item 13 Contact Person's Email Address
Provide valid email address for person identified in Item 1 1.
- Item 14 Employer Address
Provide current mailing address for employer.
- Item 15 Start Date of Employment
Provide start date with this employer.
- Item 16 End Date of Employment
Provide end date with this employer. If this is current employer, write "present".
- Item 17 What Percentage of this Position is Safety Related?
Indicate the percentage of this position is safety related.

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Item 19 Overall Job Duties in this Position

Indicate duties performed in this position,
focusing on those that are safety-related.

Item Second Employer

20-29 If applicable, list the information as directed
from the corresponding items 10-19 as applies
to second most recent position.

Item Third Employer

30-39 If applicable, list the information as directed
from the corresponding items 10-19 as applies
to next most recent position.

Additional Employers

Attach additional pages as needed, following

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