

Western OSHA Education Center at Arizona State University
Certified of Safety and Health Official Certificate
Application



Read instructions before completing this form.

Instructions for Applicants

It is the responsibility of the Applicant to ensure that they have read and understand the terms and conditions of the applicable Professional Certificate Program prior to completing and submitting this form. Once accepted by ASU, there are no refunds of enrollment fees. The terms and conditions that will govern the issuance of a Professional Certificate will be those that are in effect at the time of enrollment. Request current information by contacting the Western OSHA Education Center at (480) 965-2425 or through our web site at <http://osha.asu.edu>.

This form can be used to apply for the following Professional Certificates: Specialist in Safety and Health (SSH); Certificate of Safety and Health Official (CSHO). A separate form is required for enrollment in each program. Enrollment in the Certificate Program(s) can be done at any time during the process, once the application form, payment, and proof of completion of required courses is received certificates will be processed. There is a Public Sector Safety Fundamentals certificate program that requires a separate application form. See our web site for more information and forms.

Professional Certificate Program Application Process:

1. **INFORM** - Obtain and read the current terms and conditions for the program in which you wish to enroll
2. **ENROLL** - Complete and submit this enrollment form along with the application fee in the amount of \$125.00 made out to Arizona State University. Send form and payment to the address on the first page of this application. Note that you can enroll at any time prior to, during, or after completing courses; however, terms and requirements of the program may change at any time.
3. **COMPLETE** - Complete all required course work and provide copies (scans if emailed) of all required Certificates of Completion for each Certificate Program. It is the applicant's responsibility to track their progress and dates.
4. **AWARD** - The Western OSHA Education Center will review the final application and supporting documentation and will award Applicant with the Professional Certificate upon acceptance.

Item 1 Applicant Name

List full legal name.

Item 2 Title

List current job title. If currently not working, leave this field blank.

Item 3 Company

List current employer. If currently not working, leave this field blank.

Item 4 E-Mail

List a current email where you may be contacted.

Item 5 Applicant Address

Provide a current address, phone, and fax number where you may be contacted.

Item 6 Previously Completed Course(s)

Check the box which corresponds to any course which you have previously completed and want to have considered for credit towards this certificate. Submit proof of completion.

Item 7 Program Enrollment

Check the box which corresponds to the Professional Certificate Program in which you wish to enroll

Item 8 Applicant Signature

Sign and date the enrollment form – unsigned forms will be returned

Western OSHA Education Center at Arizona State University Certified of Safety and Health Official Certificate Application



Read instructions before completing this form.

Submit completed forms to:
Western OSHA Education Center at Arizona State University
 Email – oti.asu@asu.edu (preferred method) or
 US Postal Service - PO Box 873005, Tempe, AZ 85287-3005

Terms of Enrollment in the Professional Certificate Program:

1. Courses completed prior to enrollment in this certificate program can be used to meet the requirements as long as they were completed within five years of the date of enrollment
2. Classes taken at a different OTI Education Center may be submitted for review and credit – acceptance for credit is at the discretion of the Western OSHA Education Center at ASU and is subject to the following limitations:
 - a. They must have been completed within five years of the date of the submittal of this enrollment form
 - b. Only OSHA numbered courses taken at an OTI Education Center or the OSHA Training Institute will be considered
 - c. On line courses will not be considered
 - d. Applicant understands that it is their responsibility to track their completion requirements and submit the final application form when all requirements have been met

Applicant Information – Please type or print

1.	Applicant Name:		2.	Title:		
3.	Company:		4.	E-Mail:		
5.	Applicant Address					
	Address:					
	City:		State:		ZIP:	
	Phone:	()	Fax:	()		
6.	I am enrolling in the following Professional Certificate Program Specialty (select specialty area listed below)					
	CSHO- Construction Industry		CSHO- General Industry		CSHO- Healthcare	
	<input type="checkbox"/>	OSHA 510	<input type="checkbox"/>	OSHA 2264	<input type="checkbox"/>	OSHA 511
	<input type="checkbox"/>	OSHA 3015	<input type="checkbox"/>	OSHA 3095	<input type="checkbox"/>	OSHA 2255
	<input type="checkbox"/>	OSHA 3115	<input type="checkbox"/>	OSHA 7505	<input type="checkbox"/>	OSHA 7000
	<input type="checkbox"/>	OSHA 7415	<input type="checkbox"/>	OSHA 7205	<input type="checkbox"/>	OSHA 7200
	<input type="checkbox"/>	OSHA 7845	<input type="checkbox"/>	OSHA 7845	<input type="checkbox"/>	OSHA 7845

7. Statement of Certification

The information I have included herein and submitted to the Western OSHA Education Center at ASU is true and accurate.

Applicant Signature: _____ **Date:** _____

Western OSHA Education Center at Arizona State University
Certified of Safety and Health Official Certificate
Application



Read instructions before completing this form.

THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

OFFICE USE ONLY										
Applicant Name:					Approving Authority Signature					
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved	Date						
1.	Approving Authority Name:				2.	Title:				
3.	Western OSHA Education Center at ASU				4.	E-Mail:				
5.	Approving Authority Address									
Address:		PO Box 873005								
		CAVC 325								
		City:	Tempe			State:	AZ		ZIP:	85287-3005
Phone:		(480) 965-2425			Fax:	(480) 965-8172				
If not approved, please indicate reason:										
<input type="checkbox"/>	Applicant did not complete the required courses				<input type="checkbox"/>	Other (please explain):				
<input type="checkbox"/>	Applicant did not submit documentation of completion for all courses									
<input type="checkbox"/>	Applicant did not sign form									
<input type="checkbox"/>	Application processing fee was not paid									