

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



Submit completed forms to:

**OSHA Education Center at Arizona State University via email – oshaed@asu.edu (preferred method) OR
 US Postal Service - PO Box 873005, Tempe, AZ 85287-3005**

Enrollment in the Professional Certificate Program Process:

- 1. Enroll** – Complete and submit this enrollment form along with the application fee in the amount of \$125 via the online portal or via check made payable to Arizona State University and send to the address above.
- 2. Complete** all required course work and provide copies of all required Certificates of completion for each program. Applicants understand that it is their responsibility to track their completion requirements and submit the final application packet when all requirements have been met. Classes taken at a different OTI Education Center may be submitted for review and credit – acceptance for credit is at the discretion of the OSHA Education Center at ASU and is subject to the following limitations:
 - a. Only OSHA numbered courses taken at an OTI Education Center or the OSHA Training Institute will be considered
 - b. All courses must be taken within the last five years.
- 3. Award** – OSHA Education Center at ASU will review the final application packet and will award the applicant with the certificate upon acceptance.

1.	Applicant Name:		2.	Title:								
3.	Company:		4.	E-Mail:								
5.	Applicant Address											
	Address:	P.O. Box 873005										
	City:	Tempe	State:	AZ	ZIP: 85287-3005							
	Phone:	480-965-1579	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 2225	<input type="checkbox"/>	OSHA 2225		
	<input type="checkbox"/>	OSHA 3015	<input type="checkbox"/>	OSHA 3095	<input type="checkbox"/>	OSHA 2255	<input type="checkbox"/>	OSHA 3095	<input type="checkbox"/>	OSHA 2255	<input type="checkbox"/>	OSHA 7105
	<input type="checkbox"/>	OSHA 3115	<input type="checkbox"/>	OSHA 7505	<input type="checkbox"/>	OSHA 3115	<input type="checkbox"/>	OSHA 7505	<input type="checkbox"/>	OSHA 7000	<input type="checkbox"/>	OSHA 7205
		OSHA 2045		OSHA 2255		OSHA 7205		OSHA 2045		OSHA 7200		OSHA 7845
		OSHA 7415		OSHA 7845		OSHA 7845		OSHA 2225				

7. Statement of Certification

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

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Approving Authority Name:				Approving Authority Signature			
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved	Date			
1.	Approving Authority Name:			2.	Title:		
3.	OSHA Education Center at ASU			4.	E-Mail:		