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)

<table>
<thead>
<tr>
<th>CSHO- Construction Industry</th>
<th>CSHO- General Industry</th>
<th>CSHO- Healthcare</th>
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<tbody>
<tr>
<td>OSHA 510</td>
<td>OSHA 511</td>
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<td>OSHA 3095</td>
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<td>OSHA 7415</td>
<td>OSHA 7845</td>
<td>OSHA 2225</td>
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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: ___________________________