Western OSHA Education Center at Arizona State University
Specialist in Safety and Health 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 maintain copies of certificates of completion for each course. 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
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

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<th>1. Applicant Name:</th>
<th>2. Title:</th>
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<td>3. Company:</td>
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Applicant Address

Address: 

City: 
State: 
ZIP: 
Phone: (   ) 
Fax: (   )

6. I am enrolling in the following Professional Certificate Program Specialty (select specialty area listed below)

<table>
<thead>
<tr>
<th>SSH- Construction Industry</th>
<th>SSH- General Industry</th>
<th>SSH- Healthcare</th>
<th>SSH- Occupational Safety</th>
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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: ___________________________
## OFFICE USE ONLY

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<tr>
<th>Applicant Name:</th>
<th>Approving Authority Signature</th>
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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:

- [ ] Applicant did not complete the required courses  
- [ ] Applicant did not submit documentation of completion for all courses  
- [ ] Applicant did not sign form  
- [ ] Application processing fee was not paid  
- [ ] Other (please explain):  

Rev. May 2018