



OSHA Training Institute Education Centers Program

OSHA Outreach Trainer Course

PREREQUISITE VERIFICATION FORM

Read instructions before completing this form.

Submit completed forms to: University of South Florida OTI Education Center
2612 Cypress Ridge Blvd. - Suite 101 - Wesley Chapel, FL 33544
 ATT.: Outreach Program Prerequisite Department - usfotcards@health.usf.edu -
Phone: 813-994-1195 - Fax: 813-994-1173

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 all necessary documentation for prerequisite courses to the authorized OTI Education Center listed above PRIOR TO ENROLLING IN THE COURSE. Registration is not permitted without approval.

OSHA Trainer Course Prerequisites

- **OSHA #500 Construction** - OSHA #510 *Occupational Safety and Health Standards for the Construction Industry* course and five years of construction safety experience. A college degree in occupational safety and health, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience with proper documentation.
- **OSHA #501 General Industry** - OSHA #511 *Occupational Safety and Health Standards for General Industry* course and five years of general industry safety experience. A college degree in occupational safety and health, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience with proper documentation.
- **OSHA #5400 Maritime** - OSHA #5410 *Occupational Safety and Health Standards for the Maritime Industry Course* and three years of maritime safety experience. Additional requirements include two years of occupational safety and health experience (with a broad focus) in any industry; a college degree in occupational safety and health, from an accredited college or university; an Associate Safety Professional (ASP), Certified Safety Professional (CSP), Certified Industrial Hygienist (CIH) or Certified Marine Chemist (CMC) designation.
- **OSHA #5600 Disaster Site Worker** - OSHA #500 *Trainer Course in Occupational Safety and Health for the Construction Industry* or OSHA #501 *Trainer Course in Occupational Safety and Health for General Industry*, three years of safety training experience and completion of the 40-hour HAZWOPER course.
- If the expiration date on the trainer authorization card is less than ten (10) years old, proper documentation must be provided prior to being allowed to register for the trainer course without having to take the corresponding OSHA prerequisite course. Documentation must be provided to the OTI Education Center in order to verify the OSHA prerequisite course has been successfully completed including, at a minimum, the most recent applicable trainer authorization card. If proper documentation is not available, completion of the OSHA prerequisite course is required.
- In the event a previously authorized trainer wishes to register for a trainer course but the expiration date on the trainer authorization card is more than ten (10) years old, all OTI Education Centers are required to enforce the current course prerequisites, which include completion of the OSHA prerequisite course.
- Outreach trainers are required to attend an Outreach Trainer Update course at least once every four years to maintain their trainer status.

Applicant Information - Please type or print

1. Applicant Name:	2. Title:																
3. Company:	4. E-Mail:																
5. Applicant Address																	
Company: _____																	
Address: _____																	
City: _____	State: _____																
Phone No.: () _____	Fax No. () _____																
6. I am applying for the <input type="checkbox"/> OSHA #500 <input type="checkbox"/> OSHA #501 <input type="checkbox"/> OSHA #5400 <input type="checkbox"/> OSHA #5600																	
NOTE: This form is not intended for use by trainers taking an update course. An authorized trainer who is interested in attending an update course must submit an authentic copy of their trainer card to the OTI Education Center in advance of enrollment in the update course.																	
7. Course Dates:	8. Course Location:																
9. I have completed the following prerequisite course(s) (Please attach a copy of your course completion card or certificate for each applicable course):																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Construction</td> <td style="width: 25%; border-bottom: 1px solid black;">General Industry</td> <td style="width: 25%; border-bottom: 1px solid black;">Maritime</td> <td style="width: 25%; border-bottom: 1px solid black;">Disaster Site Worker</td> </tr> <tr> <td><input type="checkbox"/> OSHA #500</td> <td><input type="checkbox"/> OSHA #501</td> <td><input type="checkbox"/> OSHA #5400</td> <td><input type="checkbox"/> OSHA #500 or #501</td> </tr> <tr> <td><input type="checkbox"/> OSHA #502</td> <td><input type="checkbox"/> OSHA #503</td> <td><input type="checkbox"/> OSHA #5402</td> <td><input type="checkbox"/> OSHA #5600</td> </tr> <tr> <td><input type="checkbox"/> OSHA #510</td> <td><input type="checkbox"/> OSHA #511</td> <td><input type="checkbox"/> OSHA #5410</td> <td><input type="checkbox"/> OSHA #5602</td> </tr> </table>	Construction	General Industry	Maritime	Disaster Site Worker	<input type="checkbox"/> OSHA #500	<input type="checkbox"/> OSHA #501	<input type="checkbox"/> OSHA #5400	<input type="checkbox"/> OSHA #500 or #501	<input type="checkbox"/> OSHA #502	<input type="checkbox"/> OSHA #503	<input type="checkbox"/> OSHA #5402	<input type="checkbox"/> OSHA #5600	<input type="checkbox"/> OSHA #510	<input type="checkbox"/> OSHA #511	<input type="checkbox"/> OSHA #5410	<input type="checkbox"/> OSHA #5602	
Construction	General Industry	Maritime	Disaster Site Worker														
<input type="checkbox"/> OSHA #500	<input type="checkbox"/> OSHA #501	<input type="checkbox"/> OSHA #5400	<input type="checkbox"/> OSHA #500 or #501														
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List Work Experience with Most Recent Employer First

10. Employer Name:	11. Contact Person:
12. Contact Person's Phone Number:	13. Contact Person's Email Address:
14. Employer Address: Company: _____ Address: _____ City: _____ State: _____ ZIP: _____	
15. Start Date of Employment:	16. End Date of Employment:
17. Overall Job Duties in this Position:	
18. Describe Safety Activities in This Position:	
19. What Percentage of This Position is Safety Related?	
Office Use Only	Length of Experience in this Job:

List Work Experience with Next Most Recent Employer

20. Employer Name:	21. Contact Person:
22. Contact Person's Phone Number:	23. Contact Person's Email Address:
24. Employer Address: Company: _____ Address: _____ City: _____ State: _____ ZIP: _____	
25. Start Date of Employment:	26. End Date of Employment:
27. Overall Job Duties in this Position:	
28. Describe Safety Activities in This Position:	
29. What Percentage of This Position is Safety Related?	
Office Use Only	Length of Experience in this Job:



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List Work Experience with Next Most Recent Employer

30. Employer Name:	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:	36. End Date of Employment:
37. Overall Job Duties in this Position:	
38. Describe Safety Activities in This Position:	
39. What Percentage of This Position is Safety Related?	
<u>Office Use Only</u>	Length of Experience in this Job:

Complete This Section To Substitute Education or Professional Certification for 2 Years Work Experience

<p>40a. COLLEGE DEGREE - PROOF REQUIRED</p> <p><input type="checkbox"/> I have a degree in occupational safety and health from an accredited college or university</p> <p>Name of College or University from which degree was acquired _____</p> <p>Date of Graduation _____</p> <p>Name of Degree _____</p> <p><input type="checkbox"/> I have attached the required copy of my transcripts (Required). Unofficial transcript is acceptable.</p>	<p>40b. PROFESSIONAL CERTIFICATION - PROOF REQUIRED</p> <p><input type="checkbox"/> I am a Certified Safety Professional (CSP)</p> <p><input type="checkbox"/> I am a Certified Industrial Hygienist (CIH)</p> <p><input type="checkbox"/> I am a Certified Safety & Health Manager (CSHM) (maritime applicants only)</p> <p><input type="checkbox"/> I have the associate safety professional certification (ASP) (maritime applicants only)</p> <p><input type="checkbox"/> I am a Certified Marine Chemist (CMC) (maritime applicants only)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> I have attached the required copy of my current professional certification as a CSP, CIH, CSHT or CSHM (Required).</p>
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41. Statement of Certification

The information I have included herein and submitted to the OTI Education Center (or its designee) is true and accurate.

Applicant Signature: _____ **Date:** _____

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THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

OFFICE USE ONLY			
Check One:		Approving Authority Signature	
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved
		Please print name	
If not approved, please indicate reason			
<input type="checkbox"/>	Applicant did not take the prerequisite course	<input type="checkbox"/>	Applicant's trainer card expired over 10 years ago
<input type="checkbox"/>	Applicant did not meet the required years of experience	<input type="checkbox"/>	Applicant did not include transcripts
<input type="checkbox"/>	Applicant did not submit proof of applicable certification	<input type="checkbox"/>	Applicant did not sign form
<input type="checkbox"/>	Other (Please explain)		

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Instructions for OSHA Outreach Trainer Course Applicants

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OSHA Course Prerequisites

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- **Maritime** - OSHA #5410 *Occupational Safety and Health Standards for the Maritime Industry Course* and three years of maritime safety experience. Additional requirements include two years of occupational safety and health experience (with a broad focus) in any industry; a college degree in occupational safety and health from an accredited college or university; an Associate Safety Professional (ASP), Certified Safety Professional (CSP), Certified Industrial Hygienist (CIH) or Certified Marine Chemist (CMC) designation.
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Item 1 Applicant Name

List your full, legal name.

Item 5 Applicant Address

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

Item 2 Title

List your current job title. If you are currently not working, please leave this field blank.

Item 6 Course

Check the box indicating which course you are interested in attending.

Item 3 Company

List your current employer. If you are currently not working, please leave this field blank.

Item 7 Course Dates

List dates you wish to take course from the OTI Education Center's course schedule. If you are unsure, leave this field blank.

Item 4 E-Mail

List a current, working email where you can be contacted.

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Item 8 Course Location

List the location of the specific course in which you would like to enroll. If you are unsure, leave this field blank.

Item 9 Prerequisite Course

Check the box which corresponds to the applicable prerequisite OSHA course(s) you have completed:

- For the OSHA #500, the prerequisite course(s) are the OSHA #510 or OSHA #500 course, for the OSHA #502, the prerequisites are the OSHA #500 or OSHA #502 course.
- For the OSHA #501, the prerequisite course(s) are the OSHA #511 or OSHA #501 course, for the OSHA #503, the prerequisites are the OSHA #501 or OSHA #503 course.
- For the OSHA #5400, the prerequisites are the OSHA #5410 or OSHA #5400, for the OSHA #5402 the prerequisites are the OSHA #5400 or OSHA #5402.
- For the OSHA #5600, the prerequisites are the OSHA #5600, for the OSHA #5602 the prerequisites are the OSHA #5600 or OSHA #5602.

Item 10 Employer Name

List your current or most recent employer.

Item 11 Contact Person

List the name of your supervisor or someone in Human Resources at that employer who can verify your employment and role for that employer.

Item 12 Contact Person's Phone Number

List a current contact phone number for the person identified in Item 11.

Item 13 Contact Person's Email Address

List a valid email address for the person identified in Item 11.

Item 14 Employer Address

List the current mailing address for the employer.

Item 15 Start Date of Employment

List the date you began working for this employer.

Item 16 End Date of Employment

List the date you stopped working for this employer. If this is your current employer, list "present".

Item 17 Overall Job Duties in this Position

List the duties that you performed in this position, focusing on those that are safety-related.

Item 18 Describe Safety Activities in This Position

- List safety related tasks performed on the job, including the responsibility for the safety of others.
Indicate the percentage of time devoted to each area listed below.
- Note: Related experience must be detailed since this document is a record of safety experience and will be carefully reviewed to determine whether eligibility requirements have been met.

Item 19 What Percentage of This Position is Safety Related?

- Indicate the percentage of time devoted to safety related tasks in this position.

Item 20-29 Second Employer

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

Item 30-39 Third Employer

If needed, list the information as directed from the corresponding items 10-19 as applies to your next most recent position. Attach additional sheets as needed, following the same format.

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Item 40a College Degree

Skip this step if you do not wish to substitute a college degree from an accredited university for 2 years work experience. If applicable, place an "x" in the box indicating you have a college degree in safety from an accredited university, the name of the college or university from which you received the degree, the date you graduated, and the name of the degree earned. Place an "x" in the box indicating that you have attached your transcripts. If you do not include a copy of your transcripts, the degree will not be counted.

Item 40b Professional Certification

Skip this step if you do not wish to substitute a professional certification for work experience. If applicable, place an "x" in the box that corresponds to the professional certification you currently hold. Place an "x" in the box indicating that you have attached a copy of your professional certification. If you do not include proof of your professional certification, it will not be counted.