

**OSHA 501 - Trainer Course in OSHA Standards for General Industry  
OSHA 503 - Update for General Industry Trainers**

**COURSE PREREQUISITE AND EXPERIENCE REQUIREMENT ELIGIBILITY STATEMENT**

Complete the form and sign. Fax form, and required documentation to (925) 560-9458 prior to the start of class. If you have any questions, please contact us at (866) 936-OSHA or by e-mail at otc@clpccd.org.

Name: \_\_\_\_\_  
(please print legibly)

I have registered for the OSHA 501 503 class starting on \_\_\_\_\_  
(circle one) (enter date - mm/dd/yyyy)

**OSHA 501 – Prerequisites**

I have completed all of the following prerequisites for the OSHA 501 course (check each box):

- 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 (2) years of experience.
- Completion of OSHA 511 - Occupational Safety and Health Standards for General Industry.**  
A copy of the card or certificate of completion will be accepted. *Please note: The OSHA 30-hr course will not be accepted as a substitute for OSHA 511.*
- I have provided a written summary of relevant experience.**  
A resume may be used as the summary.

**OSHA 503 Prerequisites**

I have completed the following prerequisite for the OSHA 503 course (check each box):

- Completion of OSHA #501 - Trainer Course in OSHA Standards for General Industry.**  
A copy of the trainer card must be provided. The expiration date must be before the end of the three month grace period. If the expiration date is past the three month grace period, the OSHA 501 course must be retaken.

**ACKNOWLEDGEMENT AND RELEASE**

**By signing below, I acknowledge that:**

- 1) I have met all of the prerequisites to attend the course indicated above.
- 2) For OSHA 501 students only, I am also responsible for providing proof of completion for OSHA 511 and a summary of experience prior to the start of class.
- 3) For OSHA 503 students only, I am also responsible for providing a copy my current trainer card prior to the start of class. I have verified that the expiration date indicated on the card is before the end of the three month grace period.
- 4) I understand that making false, misleading or bogus experience claims will result in the revocation of my authorized outreach trainer status and will necessitate the inclusion of my name on a list of revoked trainers.

**Release Statement - Check the box that applies.**

- I authorize the Chabot-Las Positas Community College District - OSHA Training Center to release my name and contact information as an authorized OSHA General Industry Outreach Trainer.
- I am an in-house trainer for my company's employees. Do not release my contact information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For office use only*

<input type="checkbox"/> OSHA 511 Course Certificate	Date Completed:	<input type="checkbox"/> OSHA #501 Trainer Card	Expiration Date:	<input type="checkbox"/> Summary of Exp or Resume
OTIEC Provider:		OTIEC Provider:		