



# Texas Department of Insurance

Property & Casualty Section – Loss Control Program, Mail Code 103-9A

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3435 telephone • 512-305-7425 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## FIELD SAFETY REPRESENTATIVE WITH SPECIALTY IN HOSPITALS QUALIFICATION REVIEW

Pursuant to *Texas Insurance Code, Article 1903.003 Loss Control Services, and Title 28 Texas Administrative Code, §5.1701 Qualification for Designation as Field Safety Representative with Specialty in Hospitals and §5.1702 Course of Training for Field Safety Representative with Specialty in Hospitals*, the following information is required to process the review for qualifications.

### PART I

**INSTRUCTIONS:** Complete **Part I**, Personal Data, and proceed to **Part II**.

#### PERSONAL DATA

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last First Middle Name

TITLE OR POSITION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
St./P. O. Box City State Zip Code

HOME MAILING ADDRESS: \_\_\_\_\_  
St./P. O. Box City State Zip Code

**Which Address Should Be Used For Correspondence?**

BUSINESS  HOME (check one)

BUSINESS PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

### PART II

**INSTRUCTIONS:** If qualifying by professional certification, complete **Section A**. If qualifying through education with a degree in engineering, science, or nursing complete **Section B**. If qualifying through other education, training, and/or experience, complete **Section B** and **Section C**. **Signature and date are required by all applicants.**

#### Section A CURRENT PROFESSIONAL REGISTRATIONS OR CERTIFICATES

Please check appropriate items. Information will be verified through respective organizations.

**Enclose copy of current membership certificate.**

- Certified Safety Professional: Certificate No. \_\_\_\_\_
- Certified Industrial Hygienist: Certificate No. \_\_\_\_\_
- Registered Professional Engineer: Certificate No. \_\_\_\_\_ State \_\_\_\_\_
- Professional Licensure as a Registered Nurse: Certificate No. \_\_\_\_\_ State \_\_\_\_\_
- Other: Certificate No. \_\_\_\_\_ State \_\_\_\_\_

**Section B COLLEGE EDUCATION**

A copy of the transcript must be enclosed with the qualification review form.

| <u>College or University</u> | <u>City, State</u> | <u>Attend From/To</u> | <u>Semester Hours Completed</u> | <u>Course/Major</u> | <u>Degree Earned</u> |
|------------------------------|--------------------|-----------------------|---------------------------------|---------------------|----------------------|
| _____                        | _____              | _____                 | _____                           | _____               | _____                |
| _____                        | _____              | _____                 | _____                           | _____               | _____                |

**Section C PROFESSIONAL SAFETY EXPERIENCE RECORD**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
St./PO Box City State Zip Code

Dates of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
From To

Supervisor: \_\_\_\_\_ Supervisor's current telephone number: \_\_\_\_\_

Percentage of time/month spent on listed safety work: \_\_\_\_\_%

DESCRIPTION OF SAFETY EXPERIENCE

List in chronological order with current experience first.  
**Explicit explanation of actual job performance is REQUIRED.**

*(Document additional employment history and information using copies of format as shown on the following page.)*

I **certify** that the preceding statements, including attachments, are accurate to the best of my knowledge and I authorize the Texas Department of Insurance to verify the information. I understand that any **falsification** of information in this review form, including attachments, may be cause for **rejection** or **withdrawal** of qualification.

\_\_\_\_\_  
Signature (in ink)

\_\_\_\_\_  
Date

Return application to: **Texas Department of Insurance  
Loss Control Regulation  
Mail Code 103-9A  
P. O. Box 149104  
Austin, Texas 78714-9104**

For further information or questions, contact (512) 322-3435.

**Section C PROFESSIONAL SAFETY EXPERIENCE RECORD (continuation)**  
*(Reproduce as many times as needed.)*

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
St./PO Box City State Zip Code

Dates of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
From To

Supervisor: \_\_\_\_\_ Supervisor's current telephone number: \_\_\_\_\_

Percentage of time/month spent on listed safety work: \_\_\_\_\_ %

DESCRIPTION OF SAFETY EXPERIENCE

List in chronological order with current experience first.

***Explicit explanation of actual job performance is REQUIRED.***

**Access and Correction of Personal Information**

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal and Regulatory Affairs Program at [AgencyCounsel@tdi.state.tx.us](mailto:AgencyCounsel@tdi.state.tx.us) or you may refer to the [Corrections Procedure section](#) on our websites.