OSHA Training Institute Education Centers®

Great Plains OSHA Education Center

Certified Safety and Health Official (CSHO) Application

Construction Industry

First Name:_____ Last Name:_____MI:____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Phone Number:_____ E-mail:_____

***Great Plains OSHA Ed Center will accept ONE Certificate of Completion from a different OTIEC toward certification. All courses applied towards certification must have been completed within the previous five years.**

Required Classes:

OSHA #510 Standards for Construction Industry	Copy of Certificate: ☐
OSHA #521 Introduction to Industrial Hygiene	Copy of Certificate: ☐
OSHA #2015 Hazardous Materials	Copy of Certificate: ☐
OSHA #3015 Excavation, Trenching & Soil Mechanics	Copy of Certificate: ☐
OSHA #3095 Electrical Standards	Copy of Certificate: ☐
OSHA #3115 Fall Protection	Copy of Certificate: ☐
OSHA #2455 Safety and Health Management Program	Copy of Certificate: ☐

Elective courses completed (must have two 2):

OSHA #500 Trainer Course for Construction Industry	Copy of Certificate: ☐
OSHA #511 Standards for General Industry	Copy of Certificate: ☐
OSHA #2045 Machinery & Machine Guarding	Copy of Certificate: ☐
OSHA #2055 Cranes in Construction	Copy of Certificate: ☐
OSHA #2225 Respiratory Protection	Copy of Certificate: ☐
OSHA #2255 Principles of Ergonomics	Copy of Certificate: ☐
OSHA #2264 Permit-Required Confined Space Entry	Copy of Certificate: ☐
OSHA #3085 Principles of Scaffolding	Copy of Certificate: ☐

(over)

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Please check box of choice for award and/or certificate:

Award & Certificate ($105) ☐ Certificate only ($25) ☐
(shipping extra)

NOTE:

- Once application has been received and approved you will be contacted for payment.
- Your certification certificate and/or plaque will list your name exactly as listed on this application and will ship to the address listed.

Signature of Applicant Date

I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction including certificate denial, suspension/ revocation or the imposition of civil penalties as may be provided by law.

Received By Date

Approved By Date