OSHA Training Institute Education Centers®

Great Plains OSHA Education Center

Specialist in Safety and Health Application

Healthcare 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 #521 OSHA Guide to Industrial Hygiene — Copy of Certificate: ☐

Elective courses completed (must have 3):

OSHA #511 Standards for General Industry — Copy of Certificate: ☐

OSHA #2225 Respiratory Protection — Copy of Certificate: ☐

OSHA #2255 Principles of Ergonomics — Copy of Certificate: ☐

OSHA #2455 Safety and Health Management Program — Copy of Certificate: ☐

Healthcare Focus Four (counts towards one class)

OSHA #7000 OSHA Training Guidelines for Safe Patient Handling — Copy of Certificate: ☐

OSHA #7200 Bloodborne Pathogens Exposure Control for Healthcare Facilities — Copy of Certificate: ☐

OSHA #7205 Health Hazards Awareness — Copy of Certificate: ☐

OSHA #7845 Recordkeeping Rules — 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