Sub	OSHA Training Institute (OTI) Education of the Completed by OTI Education		Approved: Declined: Approving Authority:
com	the responsibility of the applicant to ensure all course prerequisites have be appleted and signed form, and supporting documentation for prerequisite conditions are declared above prior to enrolling in the course. Registration is not permitted with	ourses to the authorized OSHA Training Inst	
OSE	 OSHA #500 Trainer Course in Occupational Safety and Health Stan Health Standards for the Construction Industry course completed within bachelor or higher college degree in occupational safety and health of Professional (CSP) or Certified Industrial Hygienist (CIH) designation experience. OSHA #501 Trainer Course in Occupational Safety and Health Standards for General Industry course completed within the last seven higher college degree in occupational safety and health or industrial (CSP) or Certified Industrial Hygienist (CIH) designation in the apple OSHA #5400 Trainer Course in Occupational Safety and Health Standards for the Maritime Industry Course completed within the bachelor or higher college degree in occupational safety and health of Chemist (CMC), Certified Safety Professional (CSP) or Certified Industriated for two years of experience. OSHA #5600 Disaster Site Worker Trainer Course - Current OSHA attrainer, three years of safety training experience, and either completic credentials in a building trade union. NOTE: Working safely does not meet the requirements of safety experience. 	In the last seven years and five years of construction industrial hygiene by an accredited college on in the applicable training area may be substituted for the applicable training area industry safe. Any of the applicable training area industry safe. Any of the accredited college or universicable training area may be substituted for the angular for the Maritime Industry — OSHA # e last seven years and five years of maritime or industrial hygiene by an accredited college sustrial Hygienist (CIH) designation in the application of the 40-hour HAZWOPER course or position of the 40-hour HAZWOPER course or position in the application in the application of the 40-hour HAZWOPER course or position in the application in the application of the 40-hour HAZWOPER course or position in the application in the application of the 40-hour HAZWOPER course or position in the application in the application in the application of the 40-hour HAZWOPER course or position in the application in	cuction safety experience. A cor university, a Certified Safety stituted for two years of cupational Safety and Health ety experience. A bachelor or ty, a Certified Safety Professional wo years of experience. 5410 Occupational Safety and industry safety experience. A cor university, a Certified Marine plicable training area may be General Industry Outreach
	Applicant Information - Please type or print. (Read in	nstructions on pages 6-8 before comple	ting this form)
1.	Applicant Legal Name:	2. Job Title:	
3.	Company:	4. Email:	
5.	Applicant Mailing Address:		
	City:	State:	ZIP:
	Phone No.: ()	Fax No.: ()	
6.	Indicate course applying for: OSHA #500 OSHA #501 O	OSHA #5400 OSHA #5600	
	☐ OSHA #502 ☐ OSHA #503 ☐ OSHA #504 If applying for OSHA #502, #503, #5402, or #5602, attach a copy of your transcript of Outreach trainer course completion and skip to line 41.		trainer card or an official
7.	If applying for OSHA #502, #503, #5402, or #5602, attach a copy of your transcript of Outreach trainer course completion and skip to line 41. Course Start Date: Course End Date:	8. Course Location (City/State):	
7. 9.	If applying for OSHA #502, #503, #5402, or #5602, attach a copy of your transcript of Outreach trainer course completion and skip to line 41. Course Start Date:	8. Course Location (City/State): of the course completion card or certificate	

		List work experience with	most 1	recent e	employer first
10.	Employer Name and Job Title:		11.	Contac	ct Person:
12.	Contact Person's Phone Number:		13.	Contac	ct Person's Email Address:
14.	Employer Address:				
	Company:				
	Address:				
	City:			State:	ZIP:
15.	Start Date of Employment (mm/dd/yyyy):	16. End Date of Employment (mm/dd/yyyy):			17. What percentage of this position is safety related?
18.	Describe Safety Responsibilities and	Activities in this Position:			
19.	Describe Overall Job Duties in this F	Position:			
Off	- ice Use Only Verified employm	nent Length of experience	e in thi	s job (ye	ears/months):

	List Work Experience with	Next Most Re	ecent Employer	
20. Employer Name and Job Title:		21. Conta	tact Person:	
22. Contact Person's Phone Number:		23. Conta	tact Person's Email Address:	
24. Employer Address:				
Company:				
Address:				
City:		State		
25. Start Date of Employment (mm/dd/yyyy):	26. End Date of Employment (mm/dd/yyyy):		27. What percentage of this position is safety related?	
28. Describe Safety Responsibilities and				
29. Describe Overall Job Duties in this P	osition:			
·				
Office Use Only	Length of experience	e in this job (y	years/months):	

Read instructions on pages 6-8 before completing this form.

Note: Multiple Copies of Page 4 may be included to ensure all applicable experience is listed.

	List Work Experience with I	Next Most Recent Employ	yer
30. Employer Name and Job Title:		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 (mm/dd/yyyy):	36. End Date of Employn (mm/dd/yyyy):	nent	37. What percentage of this position is safety related?
38. Describe Safety Responsibilities and Activ			
20 D " O " IV D " ' IV D "			
39. Describe Overall Job Duties in this Position	n:		
Office Use Only	Length of experience	e in this job (years/month	ns):

	Complete this Section to Substitu	ate Education or Professi	ional C	ertification for Two (2) Years Work Experience
40a.	COLLEGE DEGREE - PROOF REQUIRED		40b.	PROFESSIONAL CERTIFICATION - PROOF REQUIRED
	I have a degree in occupational safety and hea college or university	lth from an accredited		Certified Safety Professional (CSP)
	Name of College or University from which de	gree was acquired		Certified Industrial Hygienist (CIH)
	Academic Major			Certified Marine Chemist (CMC) (Maritime applicants only)
-	Degree Level			
-	Date of Graduation			Attach required copy of current professional certification as a CSP, CIH, CMC
				Name and address of Certifying Organization:
	Attach required copy of official transcripts.			
. Stater ertify the bject to i	immediate dismissal from the OSHA Outr	and submitted to the C reach Training Progra	OTI Ed ım if in	ucation Center is true and accurate. I understand that I wi formation provided herein is not true and correct. I further
. If resp . Stater ertify the bject to i derstand d section	ment of Certification at the information I have included herein a immediate dismissal from the OSHA Out Ind that providing false information herein n	and submitted to the C reach Training Progra nay subject me to civil alth Act, 29 U.S.C. 66	OTI Ea ım if in l and c	ucation Center is true and accurate. I understand that I wi formation provided herein is not true and correct. I further riminal penalties under Federal law, including 18 U.S.C. 10 which provides criminal penalties for making false statemen
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Read instructions on pages 6-8 before completing this form.

Privacy Act Statement and Paperwork Reduction Act Statement

Section 21 Training and Employer Education of the OSH Act, 29 USC 670 authorizes collection of this information. The purpose of this information is to determine whether the applicant meets the prerequisite requirements of training and experience to enroll in the Outreach Training Program trainer courses to become an authorized Outreach Training Program trainer. Completion of this form is required in order to enroll in Outreach Training Program trainer courses and to become an authorized Outreach Training Program trainer.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average one hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Occupational Safety and Health Administration, Directorate of Standards and Guidance, 200 Constitution Avenue, NW, Room N3718, Washington, DC 20210 and reference the OMB Control Number.

Note: Please do not return the completed OSHA Form 4-50.13 to this address.

Instructions for OSHA Trainer Course Applicants

It is the responsibility of the applicant to ensure all course prerequisites have been met prior to enrolling in the course. Submit copies of this completed and signed form and all necessary documentation for prerequisite courses to (*Name & Contact info for approving OTI Education Center*) prior to enrolling in the course. Ensure all safety work experience is shown and complete. Referring to a resume is not acceptable. Registration is not permitted without approval. Falsification of any items on this form may result in revocation of trainer authorization.

OSHA Course Prerequisites

- OSHA #500 Trainer Course in Occupational Safety and Health Standards for the Construction Industry OSHA #510 Occupational Safety and Health Standards for the Construction Industry course completed within the last seven years and five years of construction safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience. Applicant must provide official college transcript or proof of professional certification with proper documentation.
- OSHA #501 Trainer Course in Occupational Safety and Health Standards for General Industry OSHA #511

 Occupational Safety and Health Standards for General Industry course completed within the last seven years and five years of general industry safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, 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. Applicant must provide official college transcript or proof of professional certification with proper documentation.
- OSHA #5400 Trainer Course in Occupational Safety and Health Standards for the Maritime Industry OSHA #5410 Occupational Safety and Health Standards for the Maritime Industry Course completed within the last seven years and five years of maritime industry safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Marine Chemist (CMC), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience. Applicant must provide official college transcript or proof of professional certification with proper documentation.
- OSHA #5600 Disaster Site Worker Trainer Course
 Current OSHA authorization as a Construction or General Industry
 Outreach trainer, three years of safety training experience, and either completion of the 40-hour HAZWOPER course or possession of journey-level credentials in a building trade union.

Read instructions on pages 6-8 before completing this form.

Submit completed forms to: *Address will be provided by the OTI Education Center and used to note approval or disapproval of applicant.*

Item 1 Applicant Name

Provide full legal name.

Item 2 Title

Provide current job title. If currently not working, leave field blank.

Item 3 Company

Provide current employer. If currently not working, leave this field blank.

Item 4 E-Mail

Provide current e-mail address.

Item 5 Applicant Mailing Address

Provide current mailing address, phone and fax number.

Item 6 Course

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

Item 7 Course Dates

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

Item 8 Course Location

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

Item 9 Prerequisite Course

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

- For the OSHA #500, the prerequisite course(s) are the OSHA #510, or a current OSHA #500 or OSHA #502.
- For the OSHA #502, the prerequisite course(s) are a current OSHA #500 or OSHA #502.
- For the OSHA #501, the prerequisite course(s) are the OSHA #511, or a current OSHA #501 or OSHA #503.
- For the OSHA #503, the prerequisite course(s) are a current OSHA #501 or OSHA #503
- For the OSHA #5400, the prerequisite course(s) are the OSHA #5410, or a current OSHA #5400 or OSHA #5402.

- For the OSHA #5402, the prerequisite course(s) are the OSHA #5400 or OSHA #5402.
- For the OSHA #5600, the prerequisite course(s) are the OSHA #5600, OSHA #500, or OSHA #501.
- For the OSHA #5602, the prerequisite course(s) are the OSHA #5600 or OSHA #5602.

Item 10 Employer Name and Job Title

Provide job title and current employer name.

Item 11 Contact Person

Provide name of supervisor or Human Resources at this employer who can verify employment and role for this employee.

Item12 Contact Person's Phone Number

Provide current contact phone number for person identified in Item 11.

Item 13 Contact Person's Email Address

Provide valid email address for person identified in Item 11.

Item 14 Employer Address

Provide current mailing address for employer.

Item 15 Start Date of Employment

Provide start date with this employer.

Item 16 End Date of Employment

Provide end date with this employer. If this is current employer, write "present".

Item 17 What Percentage of this Position is Safety Related?

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

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 used to determine whether eligibility requirements have been met.

Read instructions on pages 6-8 before completing this form.

Item 19 Overall Job Duties in this Position

Indicate duties performed in this position, focusing on those that are safety-related.

Item Second Employer

20-29 If applicable, list the information as directed from the corresponding items 10-19 as applies to second most recent position.

Item <u>Third Employer</u>

30-39 If applicable, list the information as directed from the corresponding items 10-19 as applies to next most recent position.

Additional Employers

Attach additional pages as needed, following the same format.

Item 40a College Degree

Complete this section only if substituting a bachelor or higher college degree for two (2) years of work experience. If applicable, place an "x" in the box indicating a college degree in safety or industrial hygiene from an accredited university, the name of the college or university from which degree was received date of graduation, and title of degree earned. Place an "x" in the box indicating transcripts are attached. The official college transcript must be provided for the degree to be considered as a substitute for work experience.

Item 40b Professional Certification

Complete this section only if substituting professional certification for two (2) years of work experience. If applicable, place an "x" in the box that corresponds to the professional certification currently held. Place an "x" in the box indicating a copy of the professional certification is attached. Provide the name and address of the certifying organization. A copy of the professional certification must be provided to be considered as a substitute for work experience.

Item 41. Revocation, Suspension, or Probation

Indicate if you have ever been subject to revocation, suspension, or probation by OSHA.

Item 42. <u>Investigation Correspondence</u>

If you have ever been subject to revocation, suspension, or probation by OSHA; you must provide all correspondence between you and OSHA related to the investigation.

Item 43. Statement of Certification

This statement must be signed by the applicant to certify that the information provided on the Prerequisite Verification Form is true and correct. Neglecting to sign the Statement of Certification will result in the application being declined.