

Great Lakes OSHA Education
Certificate Program Application

Email this application to: oshaed@ucmail.uc.edu

1.	Applicant Name:		2.	Title:	
3.	Company:		4.	Email:	
5	Applicant Address:				
	Phone:		Fax:		
6.	Certificate:	Healthcare Workplace Safety	Industrial Hygiene Sampling Track		
			Industrial Hygiene Control Track		
7.	I have completed the following courses(s) (Please attach a copy of your course completion certificate for each applicable course):				
	Healthcare Workplace Safety				
		OSHA #2255		OSHA #7210	
		OSHA #7000		OSHA #7845	
		OSHA #7105			
		OSHA #7200			
	Industrial Hygiene Sampling Track				
		OSHA #7205		OSHA #2015	
		OSHA #521		OSHA #7120	
	Industrial Hygiene Control Track				
		OSHA #7205		OSHA #7225	
		OSHA #521		OSHA #7125	
		OSHA #2225			

8. Statement of Certification

The information I have included herein and submitted to the OTI Education Center (or its designee) is true and accurate.

Applicant Signature: _____ **Date:** _____

**Official OTI course certificates are required for verification of course completion. Please note that only one course may be transferred into a certificate program at the University of Cincinnati from another authorized OSHA Education Center.*