CERTIFIED SAFETY AND HEALTH OFFICIAL (CSHO) GENERAL INDUSTRY CERTIFICATE REQUEST FORM

☐ OSHA #2455 Safety & Health Management



Recipient Information			
Full Name (Enter name	Date of Request		
Phone Number	Email Address		
☐ I would like to be ac	knowledged on the Safety and Health Program's social media platforms.		
•	ents: A copy of each course completion certificate or transcript is required for concept CEF CO OSHA Training Institute Education Center.	ursework not	
Required Courses (5):			
 □ OSHA #511 □ OSHA #510 □ OSHA #2045 □ OSHA #2264 □ OSHA #3095 	OSHA Standards for General Industry OSHA Standards for the Construction Industry ¹ Machinery and Machine Guarding Standards Permit-Required Confined Space Entry Electrical Standards		
Elective Courses (3):			
 □ OSHA #501 □ OSHA #2015 □ OSHA #2225 □ OSHA #2255 □ OSHA #3115 □ OSHA #5810 	Trainer Course for General Industry Hazardous Materials Respiratory Protection Principles of Ergonomics Fall Protection Hazards Recognition and Standards for On-Shore Oil and Gas Exploration and	Production	



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CSHO

CERTIFIED
SAFETY & HEALTH
OFFICIAL

GENERAL
INDUSTRY

Certificate request forms are processed within ten business dates of receipt. If you do not receive a receipt of confirmation within this period, contact our office. The application fee includes physical and electronic copies of the certification. If an individual wishes to have their certification presented in their last class, the application must be submitted two to three weeks prior to their last class. All coursework must be completed other than the final class prior to application submission. If a recipient has purchased a plaque and reschedules their last class, they are responsible for notifying our office and paying a \$35 replating fee. If all requirements have been met, credentials will ship to the address provided below.

Item	Unit Price	Quantity	Price			
Application fee (includes paper/PDF certificate)	\$125.00	1	\$125.00			
Certification Plaque	\$163.75	1	\$163.75			
		Total:	\$288.75			
Shipping Information						
Mailing Address Cannot be P.O. Box			City		State	Zip
Payment Information	_					
Charge to: U Visa U Master Card	d L	Discover				
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Card Number	1 1			1	Expiration Da	te
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