SPECIALIST IN SAFETY & HEALTH (SSH) CONSTRUCTION INDUSTRY CERTIFICATE REQUEST FORM



Recipient Information

 Full Name (Enter name as it will appear on certification credentials)
 Date of Request

 Phone Number
 Email Address

 I would like to be acknowledged on the Safety and Health Program's social media platforms.

Certification Requirements: A copy of each course completion certificate or transcript is required for coursework not completed through the CEF CO OSHA Training Institute Education Center.

Required Course (1):

OSHA #510 OSHA Standards for Construction

Elective Courses (3):

	OSHA #2015	Hazardous Materials
	OSHA #2055	Cranes in Construction
	OSHA #2225	Respiratory Protection
	OSHA #2264	Permit-Required Confined Space Entry
	OSHA #2455	Safety and Health Management Program
	OSHA #3015	Excavation, Trenching, and Soil Mechanics
	OSHA #3085	Principles of Scaffolding
	OSHA #3095	Electrical Standards
\Box	OSHA #3115	Fall Protection



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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 there are their last class. All courses work must be completed other theorem.

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)	\$75.00	1	\$75.00	
Certification Plaque	\$124.45	1	\$124.45	
		Total:	\$199.45	

Shipping Information

Mailing Address	ох						City				State		Zip		
Payment Inform	ation														
Charge to:	🗌 Visa	er Card			iscove	er									
Card Num	lber												Expiration	Date	
Name on Card															
Authorized Signs															

Authorized Signature



Submit Application by mail, email or in person to: