

SPECIALIST IN SAFETY & HEALTH (SSH) GENERAL 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 #511 *OSHA Standards for General Industry*

Elective Courses (3):

- OSHA #521 *OSHA Guide to Industrial Hygiene*
- OSHA #2015 *Hazardous Materials*
- OSHA #2045 *Machinery and Machine Guarding Standards*
- OSHA #2225 *Respiratory Protection*
- OSHA #2255 *Principles of Ergonomics*
- OSHA #2264 *Permit-Required Confined Space Entry*
- OSHA #2455 *Safety and Health Management Program*
- OSHA #3095 *Electrical Standards*
- OSHA #3115 *Fall Protection*

CEF Colorado

An Authorized
OSHA Training Institute
Education Center®

646 Mariposa St. Denver, CO 80204 | 720.532.0659 | Lavan@Cefcolorado.org

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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 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 *Cannot be P.O. Box* City State Zip

Payment Information

Charge to: Visa Master Card Discover

Card Number

Expiration Date

Name on Card

Authorized Signature

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Submit Application by mail, email or in person to:

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