



# Verification of Pre-requisites to Attend OSHA Trainer Courses 500 or 501

Registrant Name: \_\_\_\_\_

Course registering for: \_\_\_\_\_ Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Registration for OSHA Trainer Courses is contingent upon meeting pre-requisite requirements. In addition to this form, please provide a resume and copy of your 510 or 511 course certificate along with registration form. It will be reviewed by OTIEC Region 1. If all criteria and documentation are accepted, confirmation of enrollment will be sent to you by the OSHA Education Center. Your submittal will be reviewed by OSHA Training Institute Education Center, Region 1, and a confirmation provided when all pre-requisites are approved.

**Instructions:** In order to pre-register for the OSHA 500 or 501 Occupational Safety & Health Trainer Courses, you must:

- Certify that you have successfully completed the relevant OSHA Standards Course 510 (Construction) or 511 (General Industry) and provide a copy of your certificate along with this Pre-requisite Verification Form.
- Certify that you have at least five (5) years of safety & health related experience using the OSHA standards in your current or previous position(s).
- Describe the job tasks and safety related activities you performed during the course of your employment history that explain your safety and health experiences. Your experience need not have been full time, but you must specifically document safety and health responsibilities and activities for a cumulative \*five years or more.

**\*NOTE:** I attest to having a degree in occupational safety and health and/or a professional safety certification (CSP or CIH)  yes  no  
If you answered "yes" to this question, the experience requirement may be reduced to three (3) years.

Accredited College or University: \_\_\_\_\_ Name of the Degree Obtained: \_\_\_\_\_ Date: \_\_\_\_\_

I have a professional certification in the applicable discipline  CSP  CIH  Certification attached  N/A

I certify that I have successfully completed the hourly and course requirements of the relevant 510 (Construction) or 511 (General Industry) OSHA Standards Course  yes  no (please initial) \_\_\_\_\_

A copy of the OSHA standards certificate is included with my registration form to attend the following OSHA Trainer Course:

- 500: Trainer Course in Occupational Safety and Health Standards for the Construction Industry
- 501: Trainer Course in Occupational Safety and Health Standards for General Industry

### Lapsed Trainer Authorization

It has been more than 90 days since my outreach trainer authorization card lapsed . Expiration date: \_\_\_\_\_

I have included a front and back copy of my lapsed trainer card with this form. Criteria for attending trainer courses with expired authorization is available by reviewing the Outreach Training Program Requirements and Procedures at: <http://www.osha.gov/dte/outreach/index.html>

I certify that I have the appropriate safety and health experience, and knowledge of the OSHA standards gained by using them in my job for at least 5 years

**Providing false, misleading or bogus experience claims will revoke the trainer's authorized outreach trainer status, and will necessitate the inclusion of the trainer's name on the list of revoked trainers.**

Initial here: \_\_\_\_\_

The following is a summary of my safety and health experience/background along with employment references testifying to my knowledge of the OSHA standards. **Please list in chronological order with most recent first.**

**If applicable, I am currently not working**

Current Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person who can verify this information: \_\_\_\_\_

Contact person's telephone #: \_\_\_\_\_ email address: \_\_\_\_\_

Start date of employment: \_\_\_\_\_ End date of employment: \_\_\_\_\_

**Summary of safety & health activities and job tasks I performed where OSHA standards are applicable.**

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person who can verify this information: \_\_\_\_\_

Contact person's telephone #: \_\_\_\_\_ email address: \_\_\_\_\_

Start date of employment: \_\_\_\_\_ End date of employment: \_\_\_\_\_

**Summary of safety & health activities and job tasks I performed where OSHA standards are applicable.**

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person who can verify this information: \_\_\_\_\_

Contact person's telephone #: \_\_\_\_\_ email address: \_\_\_\_\_

Start date of employment: \_\_\_\_\_ End date of employment: \_\_\_\_\_

**Summary of safety & health activities and job tasks I performed where OSHA standards are applicable.**

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**If additional space is required, please submit this form along with a signed addendum.**

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name \_\_\_\_\_

**Fax to: 603-645-0080 or mail with documentation & registration form to: OSHA Education Center 175 Ammon Dr., Manchester, NH 03103**