SPECIALIST IN SAFETY & HEALTH (SSH) DISASTER RESPONSE CERTIFICATE REQUEST FORM



Application Information:

Recipients will be provided with both a hard and an electronic certificate of their certification after completion.

Status of Processing: Certificate request forms will be processed within ten business dates of receipt. If you do not receive a receipt of confirmation within this time frame, contact our office. All certification credentials will be shipped via FedEx with signature release unless otherwise requested.

If you have not completed your certification requirements: Participants applying for their certification prior to completing requirements will be presented with their certification in their final class. Certificate request form must be submitted no later than close of business two Friday's prior to your last class and no earlier than four weeks prior. All coursework must be completed other than the final class before application submittal. If the participant reschedules their last class, they are responsible for notifying our office and paying a \$35 rescheduling fee.

If you have comp	pleted all of	our certifi	cation requirements: Crede	entials will be sent to th	e address provided on page			
Recipient Infor	mation:	Note: Enter name as it will appear on certification credentials.						
First Name		MI	Last Name	Suffix	Date of Request			
Mailing Address	S		City	State	Zip			
Phone Number	Phone Number Email Address I would like to be included in the UT Arlington Safety & Health Program's electronic newsletter.							
• •	course com Arlington C	pletion cer SHA Train	rtificate or transcript is re ing Institute Education Ce n.	•	-			
Required Cours DR 660 OSHA #511 OSHA #510	Incident N OSHA Sta	ndards for	nt Training General Industry, or Construction					
Electi e Course HM 241 HM 245 Any OSHA Co	HAZWOP! HAZWOP!	ER First Res	l Site Worker 40-Hour, or sponder Operations Level					

¹Excluding Outreach Trainer courses and OSHA short courses/seminars

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ltem	Unit Price	Quantity	Price
Application Fee	\$75	1	\$75
Includes paper/PDF certificate			
Certification Plaque	\$75		
		Subtotal:	
		Total:	

Submit in person or by mail to:

The University of Texas at Arlington Division for Enterprise Development 140 W. Mitchell, Arlington, TX 76019 M: 817-272-2581 | F: 817-272-2556 cedregistration@uta.edu

Shipping	Information:
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Last Name	First Name	MI		Date of Request					
Mailing Address Note: Cannot be P.O. Box		City	State	Zip					
Phone Number									
Payment Information Charge to:	□ Master Card	□ Discover	☐ American Expres	ss					
 Card Number				Expiration Data					
Card Number				Expiration Date					
Name on Card									
Authorized Signature									
Office Use On_									
Date Received:	Received B	Ву:	Verified By:						
Payment Taken By: Auth./Check #:									
Course Number:		Course Dat	es:						
Notes:									
Program Use Only									
Date Recieved:	Date Appro	oved:	Payment Verified	:					