

SPECIALIST IN SAFETY & HEALTH (SSH) HEALTHCARE CERTIFICATE REQUEST FORM



FOR OFFICE USE ONLY

STUDENT ID: _____

- PLAQUE PAPER
 SHIP PRESENT

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 completed all of your certification requirements: Credentials will be sent to the address provided on page 2.

Recipient Information: *Note: Enter name as it will appear on certification credentials.*

First Name	MI	Last Name	Suffix	Date of Request
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Mailing Address	City	State	Zip
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Phone Number	Email Address
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- I would like to be included in the UT Arlington Safety & Health Program's electronic newsletter.

Certification Requirements:

A copy of each course completion certificate or transcript is required for coursework not completed through the UT Arlington OSHA Training Institute Education Center. A minimum of two classes must have been completed through UT Arlington.

Required Courses (3):

- SH 200 *OSHA/Joint Commission Healthcare Safety Overview & Crosswalk*
- SH 201 *Trainer Course for Healthcare Employee Safety and Health*
- OSHA #511 *OSHA Standards for General Industry*

Elective Courses (2):

- Any OSHA Course¹: _____
- Any OSHA Course¹: _____

¹Excluding Outreach Trainer courses and OSHA short courses/seminars

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Item	Unit Price	Quantity	Price
Application Fee <i>Includes paper/PDF certificate</i>	\$75	1	\$75
Certification Plaque	\$75		
<i>Subtotal:</i>			
<i>Total:</i>			

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:

Last Name	First Name	MI	Date of Request
Mailing Address <i>Note: Cannot be P.O. Box</i>		City	State
Phone Number		Email Address	

Payment Information:

Charge to: Visa Master Card Discover American Express

Card Number	Expiration Date

Name on Card

Authorized Signature

Office Use Only

Date Received: _____ Received By: _____ Verified By: _____

Payment Taken By: _____ Auth./Check #: _____

Course Number: _____ Course Dates: _____

Notes: _____

Program Use Only

Date Recieved: _____ Date Approved: _____ Payment Verified: _____