

SPECIALIST IN SAFETY AND HEALTH (SSH) FIRE & SAFETY CERTIFICATE REQUEST FORM



FOR OFFICE USE ONLY

STUDENT ID: _____

PLAQUE

PRESENT

Recipient Information

Note: Enter name as it will appear on certification credentials

Full Name

Date of Request

Phone Number

Email Address

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 listed below must have been completed through UT Arlington.

Required Courses (2):

- OSHA #510 *OSHA Standards for the Construction Industry* **or**
OSHA #511 *OSHA Standards for General Industry*¹
- LS #101 *Life Safety Code* **or**
FS #1500 *Fire Department Occupational Safety and Health Management*

Elective Courses (2):

- FS #201/202 Applied Fire/Safety Protection & Emergency Analysis
- HM #101 Hazard Communications Global Harmonization System (GHS)
- OSHA #2015 Hazardous Materials
- OSHA #2264 Permit-Required Confined Space Entry
- OSHA #2225 Respiratory Protection
- OSHA #3015 Excavation, Trenching and Soil Mechanics
- OSHA #3115 Fall Protection
- OSHA #5600 Disaster Site Worker Trainer Course
- MM #722 Chemistry for the Environmental Professional
- OSHA #7200 Bloodborne Pathogen Exposure Control for Health Care Facilities (SH #645)

¹Completion of the OSHA #501 *Trainer Course in OSHA Standards for General Industry* meets requirements.

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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		
Certification Plaque	\$75		
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

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

Payment Information

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: _____ Course Location: _____

Notes: _____

