

SPECIALIST IN SAFETY & HEALTH (SSH) HEALTHCARE 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 _____

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 listed below must have been completed through UT Arlington.

Required Courses (2):

- SH 202 *Trainer Course in Medic First Aid and CPR, or*
- SH 2000 *OSHA/Joint Commission Healthcare Safety Overview & Crosswalk, and*
- SH 2010 *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

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HEALTHCARE CERTIFICATE REQUEST FORM**



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	1	\$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

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: _____ Course Location: _____

Notes: _____

