

University of Texas at Arlington Authorized Safety and Health Trainer Program Prerequisite Verification Form

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ATP 191 Safety and Health Authorized Trainer Prerequisites

- Participants must have three (3) years of safety and health work experience in any industry.
- Attendance is not permitted without the submission and verification of this completed form and all necessary documentation.
- Current OSHA Outreach trainers may skip items #9-#38 if they submit a copy of their current Outreach trainer authorization card if received from somewhere other than the University of Texas at Arlington.
- Applicants are not required to have completed any designation prerequisites (item #8) prior to attending the ATP 191 Safety and Health Authorized Trainer course.

Applicant Information							
1. Trainer Name:			2. Company:		3. Title:		_
4.	Address:		City:		State:		Zip:
	Email:		Phone:				
Authorized Trainer Program Designations							
5. Course Begin Date:			6. Course End Date:	7. Cou	rse Location:		
8. Proof of completion is required for training not taken through UTA. Training must have been taken within the past seven (7) years.						en (7) years.	
<u>Designation</u>		Completed Designation Prerequisite					
	Bloodborne Pathogens	 □ OSHA #7200 Bloodborne Pathogen Exposure Control for Healthcare Facilities or □ SH 7201 Bloodborne Pathogen Trainer Course 					
	Confined Space		OSHA #2264 Permit-Required Confined Space En	<u>itry</u>			
	Cranes/Rigging	OSHA #2055 Cranes in Construction or SH 340 Cranes, Derricks, and Material Handling					
	Electrical	OSHA #3095 Electrical Standards					
	Excavation	OSHA #3015 Excavation, Trenching, and Soil Mechanics					
	Fall Protection	OSHA #3115 Fall Protection					
	Hazard Communication/GHS	□ SH 912 Hazard Communication GHS (Global Harmonization System) or □ OSHA #510 OSHA Standards for Construction or □ OSHA #511 OSHA Standards for General Industry or □ OSHA #2015 Hazardous Materials					
	Healthcare	SH 201 Trainer Course for Healthcare Employee Safety and Health					
	Hydrogen Sulfide		OG 202 Hydrogen Sulfide (H₂S)				
	Material Handling		OSHA #511 <i>OSHA Standards for General Industr</i> OSHA #7005 <i>Public Warehousing and Storage</i>	<u>v</u> or			
	Personal Protective Equipment	OSHA #510 OSHA Standards for Construction or OSHA #511 OSHA Standards for General Industry					
	Respiratory Protection	OSHA #2225 Respiratory Protection					
	Scaffolding	□ OSHA #3085 Principles for Scaffolding or □ SH 300 Safety Standards for Scaffolding					
	Silica		CPT 106 Silica for the Competent Person or SH 210 OSHA's New Silica Standard				

Employer Information								
9. Employer's Name:	10. Contact Person:							
11. Contact Person's Phone Number: ()	12. Contact Person's Email Address:							
13. Employer's Address Address:								
City: State	e: Zip:							
City. State	ε. Ζιμ.							
14. Start Date:	15. End Date:							
16. Job Title:								
17. Job Duties in this Position:								
18. What Percentage of this Position is Safety-Related?								
Office Use Only Length of Experience in this Job:								
Employer Infor	mation							
19. Employer's Name:	20. Contact Person:							
21. Contact Person's Phone Number: ()	22. Contact Person's Email Address:							
23. Employer's Address Address:								
City: State	e: Zip:							
24. Start Date:	25. End Date:							
26. Job Title:								
27. Job Duties in this Position:								
28. What Percentage of this Position is Safety-Related?								
Office Use Only Length of Experience in this Job:								

Employer Information							
29. Employer's Name:	30. Contact Person:						
31. Contact Person's Phone Number: ()	32. Contact Person's Email Address:						
33. Employer's Address Address:							
City: Stat	e: Zip:						
34. Start Date:	35. End Date:						
36. Job Title:							
38. What Percentage of this Position is Safety-Related?							
Office Use Only Length of Experience in this Job:							
Note: If additional employers are required to satisfy the experience requirement, complete only the employer sections of an additional Experience Verification Form and attach it to this form.							
39. Statement of Certification I attest that the information included herein and submitted to the University of Texas at Arlington is true and accurate. Applicant Signature: Date:							
Form Submittal							
Submit completed forms to: Mail: The University of Texas at Arlington Authorized Safety and Health Trainer Program 140 W. Mitchell, Arlington, TX 76019 Email: cedregistration@uta.edu (817) 272-2556							
OFFICE USE ONLY							
Check One:	☐ Accepted ☐ Not Accepted Program Representative Signature:						
If not accepted, indicate reason below: Program Representative Name:							
Applicant did not meet the required years of experience.							
Other:							