

SAFETY, HEALTH & ENVIRONMENTAL PROFESSIONAL (SHEP) CERTIFICATE REQUEST FORM

**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

Status of Processing: Certificate request forms will be processed within ten business days 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.

Application Information:

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

If you have not completed your certification requirements: Students applying for their certification prior to completing all requirements will be presented with their certification in their final class. Certificate request form must be submitted *no later* than close of business on Monday the week prior to your course and *no earlier* than four weeks. All coursework must be completed other than the final class before application submittal. If the student reschedules their last class, they are responsible for notifying our office and paying a \$25 rescheduling fee.

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

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

Last Name	First Name	MI	Date of Request
Mailing Address	City	State	Zip
Phone Number	Email Address		

I would like to be included in the UT Arlington Safety & Health Program's monthly electronic newsletter.

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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.

Required Courses (2):

- ETI 101 *Introduction to Environmental Compliance and Management*
- RM 101 *Safety, Health, and Environmental Risk Management (SHERM) Principles*

Additional Requirements (1):

- Certified Safety & Health Official (CSHO) in General Industry or Construction
-- Requires 1 Environmental elective
- OSHA #501 *Trainer Course in OSHA Standards for General Industry, or*
OSHA #500 *Trainer Course in OSHA Standards for Construction*
-- Requires 4 Safety & Health electives and 1 Environmental elective

Safety & Health Electives (4):

Note: The Safety & Health electives are not required with your CSH

- OSHA #521 *OSHA Guide to Industrial Hygiene*
- OSHA #2015 *Hazardous Materials*
- OSHA #2055 *Cranes in Construction1*
- OSHA #2045 *Machinery and Machine Guarding Standards*
- OSHA #2225 *Respiratory Protection*
- OSHA #2255 *Principles of Ergonomics*
- OSHA #2264 *Permit-Required Confined Space Entry*
- OSHA #3015 *Excavation, Trenching and Soil Mechanics*
- OSHA #3095 *Electrical Standards*
- OSHA #3115 *Fall Protection*
- OSHA #5810 *Hazards Recognition for On-Shore Oil & Gas Exploration and Production*
- SH 300 *Safety Standards for Scaffolding*

Environmental Electives (1):

- AIR 201 *Fundamentals of the Clean Air Act*
- WTR 301 *Introduction to Water and Wastewater Regulations*
- WST 401 *Resource Conservation Recovery Act*
- ETI 501 *EPA Outreach Trainer Course*
- MGE 802 *Pollution Prevention and Lean Principles Workshop*

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Item	Unit Price	Quantity	Price
Application Fee <i>Includes paper and PDF certificate</i>	\$75	1	\$75
Certification Plaque	\$125		
<i>Subtotal:</i>			
<i>Total:</i>			

Office Use Only

Course Number: _____
 Dates: _____
 Location: _____

Shipping Information:

 Last Name First Name MI Date of Request

 Mailing Address City State Zip
Note: Cannot be P.O. Box

 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 Received: _____ Date Approved: _____ Payment Verified: _____