



Healthcare Industry



Certificate Request Form

Each Worker Safety Certificate must have a minimum of 2 courses taken with UT Arlington and those two courses will not be eligible to apply towards another Worker Safety Certificate. Copy of certificates must be provided with request; please do not submit until all courses are complete.

Name: _____ **Date Requested:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

- I would like my certification achievement in the electronic publication distributed by the OSHA Education Center at UT Arlington.

Fee: \$50.00

Required:

- OSHA 10-Hour General Industry Outreach Card

Electives: (choose 4 from list)

- OSHA 7000 - Ergonomic Guidelines for Nursing Homes
- OSHA 7005 - Public Warehousing and Storage
- OSHA 7115 - Lockout/Tagout
- OSHA 7200 - Bloodborne Pathogens
- OSHA 7205 - Health Hazard Awareness
- OSHA 7210 - Pandemic Influenza Preparedness

Send Requests to:

Mail: Region VI OSHA Education Center
The University of Texas at Arlington
ATTN: Crystal Blount
140 West Mitchell, Box 19197
Arlington, Texas 76019-0197

Fax: (817) 272-3576

E-mail: osha@uta.edu

Make checks payable to **UT Arlington**.

Charge to: **Visa** **Master Car** **Discover** **American Express**

Card Number

Expiration Date

Authorized Signature: _____