OMB Control Number – 1218-0
Expiration Date XXXX

OSHA Training Institute Education Centers Program
OSHA Trainer Course
PREREQUISITE VERIFICATION FORM

Read instructions on pages 6-8 before completing this form.

Submit completed forms to:	**Approved:** ☐
Southeastern OTI Education Center **NC State University – Industry Extension Services** *REQUIRED: Please upload this form to the NC State REPORTER System in the cart during registration.*	**Declined:** ☐ **Approving Authority:**

It is the responsibility of the applicant to ensure all course prerequisites have been met prior to enrolling in the course. Please submit copies of this completed and signed form, and supporting documentation for prerequisite courses to the authorized OSHA Training Institute (OTI) Education Center listed above prior to enrolling in the course. Registration is not permitted without prior OTI Education Center approval.

OSHA Trainer Course Prerequisites

- **OSHA #500** ***Trainer Course in Occupational Safety and Health Standards for the Construction Industry*** **-** *OSHA #510 Occupational Safety and Health Standards for the Construction Industry* course completed within the last seven years and five years of construction safety experience**.** A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience.
- **OSHA #501** ***Trainer Course in Occupational Safety and Health Standards for General Industry*** **-** *OSHA #511 Occupational Safety and Health Standards for General Industry* course completed within the last seven years and five years of general industry safety experience**.** A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience.
- **OSHA #5400** ***Trainer Course in Occupational Safety and Health Standards for the Maritime Industry*** **–** *OSHA #5410 Occupational Safety and Health Standards for the Maritime Industry Course* completed within the last seven years and five years of maritime industry safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Marine Chemist (CMC), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience.
- **OSHA #5600** ***Disaster Site Worker Trainer Course*****–** Current OSHA authorization as a Construction, Maritime or General Industry Outreach trainer, three years of safety training experience, and either completion of the 40-hour HAZWOPER course or possession of journey-level credentials in a building trade union.

NOTE: Working safely does not meet the requirements of safety experience for any course.

Applicant Information – Please type or print. (Read instructions on pages 6-8 before completing this form)

1.	**Applicant Legal Name:**	**2.**	**Job Title:**
3.	**Company:**	**4.**	**Email:**

5. Applicant Mailing Address:

City: State: ZIP:

Phone No.: ( ) Fax No.: ( )

6. Indicate course applying for: ☐ OSHA #500 ☐ OSHA #501 ☐ OSHA #5400 ☐ OSHA #5600

☐ OSHA #502 ☐ OSHA #503 ☐ OSHA #5402 ☐ OSHA #5602

If applying for OSHA #502, #503, #5402, or #5602, attach a copy of your current OSHA Outreach Training Program trainer card or an official transcript of Outreach trainer course completion and skip to line 41.

7. Course Start Date: **Course End Date:**	**8. Course Location (City/State):**

9. I have completed the following prerequisite course(s). (Attach a copy of the course completion card or certificate for each applicable course):

Construction	General Industry	Maritime	Disaster Site Worker
☐ OSHA #510	☐ OSHA #511	☐ OSHA #5410	☐ OSHA #500, #501, or #5400
☐ OSHA #500	☐ OSHA #501	☐ OSHA #5400	☐ OSHA #5600
☐ OSHA #502	☐ OSHA #503	☐ OSHA #5402	☐ OSHA #5602

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Read instructions on pages 6-8 before completing this form.

List work experience with most recent employer first

10. Employer Name and Job Title:	**11. Contact Person:**
12. Contact Person's Phone Number:	**13. Contact Person's Email Address:**

14. Employer Address:

Company:

Address:

City: State: ZIP:

15. Start Date of Employment (mm/dd/yyyy):	**16. End Date of Employment (mm/dd/yyyy):**	**17. What percentage of this position is safety related?**

18. Describe Safety Responsibilities and Activities in this Position:

19. Describe Overall Job Duties in this Position:

Office Use Only Length of experience in this job (years/months):

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Read instructions on pages 6-8 before completing this form.

List Work Experience with Next Most Recent Employer

20. Employer Name and Job Title:	**21. Contact Person:**
22. Contact Person's Phone Number:	**23. Contact Person's Email Address:**

24. Employer Address:

Company:

Address:

City: State: ZIP:

25. Start Date of Employment (mm/dd/yyyy):	**26. End Date of Employment (mm/dd/yyyy):**	**27. What percentage of this position is safety related?**

28. Describe Safety Responsibilities and Activities in this position.

29. Describe Overall Job Duties in this Position:

Office Use Only Length of experience in this job (years/months):

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Read instructions on pages 6-8 before completing this form.

Note: Multiple Copies of Page 4 may be included to ensure all applicable experience is listed.

List Work Experience with Next Most Recent Employer

30. Employer Name and Job Title:	**31. Contact Person:**
32. Contact Person's Phone Number:	**33. Contact Person's Email Address:**

34. Employer Address:

Company:

Address:

City: State: ZIP:

35. Start Date of Employment (mm/dd/yyyy):	**36. End Date of Employment (mm/dd/yyyy):**	**37. What percentage of this position is safety related?**

38. Describe Safety Responsibilities and Activities in this Position:

39. Describe Overall Job Duties in this Position:

Office Use Only Length of experience in this job (years/months):

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Read instructions on pages 6-8 before completing this form.

Complete this Section to Substitute Education or Professional Certification for Two (2) Years Work Experience

40a. COLLEGE DEGREE – PROOF REQUIRED

☐ I have a degree in occupational safety and health from an accredited college or university

Name of College or University from which degree was acquired

Academic Major

Degree Level

Date of Graduation

☐ **Attach required copy of official transcripts.**

40b. PROFESSIONAL CERTIFICATION – PROOF REQUIRED

☐ Certified Safety Professional (CSP)

☐ Certified Industrial Hygienist (CIH)

☐ Certified Marine Chemist (CMC)
(Maritime applicants only)

Attach required copy of current professional certification as a CSP, CIH, CMC

Name and address of Certifying Organization:

☐ _____

_____

41.* I have previously been subject to revocation, suspension, or probation by OSHA Yes ☐ No ☐ **Answer required*

42. If responded yes to #41, please attach all OSHA correspondence related to the investigation.

43. Statement of Certification

I certify that the information I have included herein and submitted to the OTI Education Center is true and accurate. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. 1001 and section 17(g) of the Occupational Safety and Health Act, 29 U.S.C. 666 (g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Check one:

☐ Approved ☐ Not Approved

_____
Approving Official Name:

_____
Approving Official Title:

_____
Approving Official Signature

Date: _____

If not approved, please indicate reason:

☐ Applicant did not demonstrate completion of the prerequisite course within the previous seven years

☐ Applicant did not demonstrate the required years of experience

☐ Applicant did not submit proof of applicable certification or degree

☐ Applicant did not include transcripts

☐ Applicant did not sign form

☐ Other (Please explain)

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Read instructions on pages 6-8 before completing this form.

Privacy Act Statement and Paperwork Reduction Act Statement

Section 21 Training and Employer Education of the OSH Act, 29 USC 670 authorizes collection of this information. The purpose of this information is to determine whether the applicant meets the prerequisite requirements of training and experience to enroll in the Outreach Training Program trainer courses to become an authorized Outreach Training Program trainer. Completion of this form is required in order to enroll in Outreach Training Program trainer courses and to become an authorized Outreach Training Program trainer.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average one hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Occupational Safety and Health Administration, Directorate of Standards and Guidance, 200 Constitution Avenue, NW, Room N3718, Washington, DC 20210 and reference the OMB Control Number.

Note: Please do not return the completed OSHA Form 4-50.13 to this address.

Instructions for OSHA Trainer Course Applicants

It is the responsibility of the applicant to ensure all course prerequisites have been met prior to enrolling in the course. Submit copies of this completed and signed form and all necessary documentation for prerequisite courses to *(Name & Contact info for approving OTI Education Center)* prior to enrolling in the course. Ensure all safety work experience is shown and complete. Referring to a resume is not acceptable. Registration is not permitted without approval. Falsification of any items on this form may result in revocation of trainer authorization.

OSHA Course Prerequisites

- OSHA #500 ***Trainer Course in Occupational Safety and Health Standards for the Construction Industry*** **-** *OSHA #510 Occupational Safety and Health Standards for the Construction Industry* course completed within the last seven years and five years of construction safety experience**.** A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience. Applicant must provide official college transcript or proof of professional certification with proper documentation.

- OSHA #501 ***Trainer Course in Occupational Safety and Health Standards for General Industry*** **-** *OSHA #511 Occupational Safety and Health Standards for General Industry* course completed within the last seven years and five years of general industry safety experience**.** A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two (2) years of experience. Applicant must provide official college transcript or proof of professional certification with proper documentation.

- OSHA #5400 ***Trainer Course in Occupational Safety and Health Standards for the Maritime Industry*** **–** *OSHA #5410 Occupational Safety and Health Standards for the Maritime Industry Course* completed within the last seven years and five years of maritime industry safety experience. A bachelor or higher college degree in occupational safety and health or industrial hygiene by an accredited college or university, a Certified Marine Chemist (CMC), Certified Safety Professional (CSP) or Certified Industrial Hygienist (CIH) designation in the applicable training area may be substituted for two years of experience. Applicant must provide official college transcript or proof of professional certification with proper documentation.

- OSHA #5600 ***Disaster Site Worker Trainer Course***– Current OSHA authorization as a Construction or General Industry Outreach trainer, three years of safety training experience, and either completion of the 40-hour HAZWOPER course or possession of journey-level credentials in a building trade union.

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Read instructions on pages 6-8 before completing this form.

Submit completed forms to: *Address will be provided by the OTI Education Center and used to note approval or disapproval of applicant.*

Item 1 **Applicant Name**
Provide full legal name.

Item 2 **Title**
Provide current job title. If currently not working, leave field blank.

Item 3 **Company**
Provide current employer. If currently not working, leave this field blank.

Item 4 **E-Mail**
Provide current e-mail address.

Item 5 **Applicant Mailing Address**
Provide current mailing address, phone and fax number.

Item 6 **Course**
Check the box indicating which course you are interested in attending.

Item 7 **Course Dates**
List dates during which you wish to take the course from the OTI Education Center's course schedule. If unsure, leave this field blank.

Item 8 **Course Location**
List the location of the specific course in which you would like to enroll. If unsure, leave this field blank.

Item 9 **Prerequisite Course**
Check the box which corresponds to the applicable prerequisite OSHA course(s) completed:

- For the OSHA #500, the prerequisite course(s) are the OSHA #510, or a current OSHA #500 or OSHA #502.
- For the OSHA #502, the prerequisite course(s) are a current OSHA #500 or OSHA #502.
- For the OSHA #501, the prerequisite course(s) are the OSHA #511, or a current OSHA #501 or OSHA #503.
- For the OSHA #503, the prerequisite course(s) are a current OSHA #501 or OSHA #503
- For the OSHA #5400, the prerequisite course(s) are the OSHA #5410, or a current OSHA #5400 or OSHA #5402.
- For the OSHA #5402, the prerequisite course(s) are the OSHA #5400 or OSHA #5402.
- For the OSHA #5600, the prerequisite course(s) are the OSHA #5600, OSHA #500, or OSHA #501.
- For the OSHA #5602, the prerequisite course(s) are the OSHA #5600 or OSHA #5602.

Item 10 **Employer Name and Job Title**
Provide job title and current employer name.

Item 11 **Contact Person**
Provide name of supervisor or Human Resources at this employer who can verify employment and role for this employee.

Item12 **Contact Person's Phone Number**
Provide current contact phone number for person identified in Item 11.

Item 13 **Contact Person's Email Address**
Provide valid email address for person identified in Item 11.

Item 14 **Employer Address**
Provide current mailing address for employer.

Item 15 **Start Date of Employment**
Provide start date with this employer.

Item 16 **End Date of Employment**
Provide end date with this employer. If this is current employer, write "present".

Item 17 **What Percentage of this Position is Safety Related?**
Indicate the percentage of time devoted to safety-related tasks in this position.

Item 18 **Describe Safety Activities in this Position**

- List safety-related tasks performed on the job, including the responsibility for the safety of others.
- Indicate the percentage of time devoted to each area listed below.

Note: Related experience must be detailed since this document is a record of safety experience and will be used to determine whether eligibility requirements have been met.

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Read instructions on pages 6-8 before completing this form.

Item 19 Overall Job Duties in this Position
Indicate duties performed in this position, focusing on those that are safety-related.

Item 20-29 Second Employer
If applicable, list the information as directed from the corresponding items 10-19 as applies to second most recent position.

Item 30-39 Third Employer
If applicable, list the information as directed from the corresponding items 10-19 as applies to next most recent position.

Additional Employers
Attach additional pages as needed, following the same format.

Item 40a College Degree
Complete this section only if substituting a bachelor or higher college degree for two (2) years of work experience. If applicable, place an "x" in the box indicating a college degree in safety or industrial hygiene from an accredited university, the name of the college or university from which degree was received date of graduation, and title of degree earned. Place an "x" in the box indicating transcripts are attached. The official college transcript must be provided for the degree to be considered as a substitute for work experience.

Item 40b Professional Certification
Complete this section only if substituting professional certification for two (2) years of work experience. If applicable, place an "x" in the box that corresponds to the professional certification currently held. Place an "x" in the box indicating a copy of the professional certification is attached. Provide the name and address of the certifying organization. A copy of the professional certification must be provided to be considered as a substitute for work experience.

Item 41. Revocation, Suspension, or Probation
Indicate if you have ever been subject to revocation, suspension, or probation by OSHA.

Item 42. Investigation Correspondence
If you have ever been subject to revocation, suspension, or probation by OSHA; you must provide all correspondence between you and OSHA related to the investigation.

Item 43. Statement of Certification
This statement must be signed by the applicant to certify that the information provided on the Prerequisite Verification Form is true and correct. Neglecting to sign the Statement of Certification will result in the application being declined.