## SPECIALIST IN SAFETY & HEALTH OFFICIAL (SSH) – GENERAL INDUSTRY CERTIFICATE APPLICATION

## **Submit to:**

Mountain West OSHA Education Center (MWOEC)
Rocky Mountain Center for Occupational & Environmental Health
250 East 200 South Suite100 RmG113AA
Salt Lake City, UT 84111
801-581-4055
contact@mtnwestosha.com



## **Application Information:**

Recipients will be provided with both hard and electronic versions of their certificate upon application submittal, approval, and payment.

**Status of Processing:** Certificate applications will be processed within ten business days of receipt by the MWOEC office. If you do not receive a receipt of confirmation within this time frame, contact the MWOEC office.

When you have completed all of your certificate requirements: credentials will be sent to the address provided on page 2.  Student Information: Note: Enter name as it will appear on certificate credentials							
Mailing Address	C	ity	State	Zip			
Phone Number   I would like to be i	ncluded on the list of certifi	Email Address icate recipients in th	e MWOEC mor	ithly electronic newsletter.			
is required to be subm	ust be completed through	or coursework not c	ompleted throu	completion certificate or transcript igh the Mountain West OSHA ucation centers.			
Required Courses (1):							
□ OSHA #511 OSHA	Standards for General Indu	ıstry					
Elective Courses (choo	se 3 from this list only):						
		□ OSH □ OSH	A #2225 Resp	rdous Materials iratory Protection nit-Required Confined Space Entry Protection			

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Item	<b>Unit Price</b>	Quantity	Price
Application Fee Includes paper and PDF certificate	\$50	1	\$50
Certification Plaque	\$65		
		Total:	



## **Shipping Information:**

Last Name	First Name	M	I	Date of Request
Mailing Address Note: Cannot be		City	State	Zip
Phone Number		Email Addre	ess	
Payment In	formation:			
	Please make checks payable to	: Mountain West	OSHA Education Ce	nter
	I would like to pay by credit card. I will call the MWOEC office phone number (801-581-4055) with card details.			
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## Questions and Mail:

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Office Use Only							
Date Received:	Received By:	Verified By:					
Payment Taken By:	Auth./Check #: _						
Date Shipped:	_						
Notes:							