



# OSHA Student Enrollment Request

## Student Information

|                   |                        |
|-------------------|------------------------|
| Last Name: _____  | First Name: _____      |
| Job Title: _____  | Job Position: _____    |
| Department: _____ | Agency: _____          |
| Address: _____    | City: _____            |
| State: _____      | Zip/Postal Code: _____ |
| Phone: _____      | Email: _____           |

## Student's Supervisor Information

|                  |                   |
|------------------|-------------------|
| Last Name: _____ | First Name: _____ |
| Phone: _____     | Email: _____      |

|                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| Course Number: <input type="text"/> | Course Title: <input type="text"/> | Course Start Date: <input type="text"/> |
|-------------------------------------|------------------------------------|---|

Please indicate any special needs or physical limitations the student may have:

Please select your organizational assignment.

|                         |  |  |
|-------------------------|--|--|
| Federal OSHA            | <input type="checkbox"/> National Office / Directorate   |  |
|                         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |  |
| State OSHA              | <input type="checkbox"/> Enforcement   | <input type="checkbox"/> Consultation & Enforcement        |
|                         | <input type="checkbox"/> Consultation  | <input type="checkbox"/> Other                             |
| Other Government Agency | <input type="checkbox"/> Federal Government Employee   | <input type="checkbox"/> Local Government Employee         |
|                         | <input type="checkbox"/> State Government Employee   | <input type="checkbox"/> International Government Employee |
| Private Sector          | <input type="checkbox"/> Employer Representative   | <input type="checkbox"/> International                     |
|                         | <input type="checkbox"/> Employee Representative   | <input type="checkbox"/> Government Contract Employee      |

Please select your job assignment, and thank you for your interest and participation in safety and health training.

|                    |  |
|--------------------|--|
| Job Specialization | <input type="checkbox"/> Safety <input type="checkbox"/> Health <input type="checkbox"/> Other |
|--------------------|--|