

WISHA 10 for Agriculture Workers — Training of Trainers Course

Submit completed forms to:

Department of Labor and Industries
DOSH Education and Outreach
PO Box 44649
Olympia WA 98504-4649

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 all necessary documentation for prerequisite courses to the authorized WISHA 10 Training Program listed above **prior to enrolling in the course**. Registration is not permitted without approval.

WISHA 10 Trainer Course Prerequisites:

- Participants are required to first attend a WISHA 10 for Agriculture Workers training or hold a WISHA 10 for Agriculture Training of Trainers (TOT) card.
- Seasoned or skilled agriculture personnel with at **least five years** of agriculture safety and health work or professional experience.

Applicant Information – Please type or print	
1. Applicant Name:	2. Job Title:
3. Company:	4. Email:
5. Address:	
City:	State: Zip Code:
Phone Number:	Fax Number:
6. I am applying for the: <input type="checkbox"/> WISHA 10 TOT Course Note: This form is not intended for use by trainers taking an update course. An authorized trainer who is interested in attending an update course must submit an authentic copy of their trainer card to the WISHA 10 Training Program in advance of enrollment in the update course.	
7. Are you bilingual (English/Spanish)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you plan to provide this training in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Course Dates:	
10. Course Location:	
11. Please describe how you meet the WISHA 10 Trainer requirements listed above?	

List Work Experience with Most Recent Employer First

1. Employer's Name:	2. Contact Name:
3. Contact Person's Phone Number:	4. Contact Person's Email:
5. Employer's Address:	
City:	State: Zip Code:
6. Start Date of Employment:	7. End Date of Employment:
8. Overall Job Duties in this Position:	
9. Describe Safety Activities in This Position:	
10. What Percentage of This Position is Safety Related?	
11. Length of Experience in this Job:	

Work Experience

1. Employer's Name:	2. Contact Name:
3. Contact Person's Phone Number:	4. Contact Person's Email:
5. Employer's Address:	
City:	State: Zip Code:
6. Start Date of Employment:	7. End Date of Employment:
8. Overall Job Duties in this Position:	
9. Describe Safety Activities in This Position:	
10. What Percentage of This Position is Safety Related?	
11. Length of Experience in this Job:	

Work Experience

1. Employer's Name:	2. Contact Name:
3. Contact Person's Phone Number:	4. Contact Person's Email:
5. Employer's Address:	
City:	State: Zip Code:
6. Start Date of Employment:	7. End Date of Employment:
8. Overall Job Duties in this Position:	
9. Describe Safety Activities in This Position:	
10. What Percentage of This Position is Safety Related?	
11. Length of Experience in this Job:	

Work Experience

1. Employer's Name:	2. Contact Name:
3. Contact Person's Phone Number:	4. Contact Person's Email Address:
5. Employer's Address:	
City:	State: Zip Code:
6. Start Date of Employment:	7. End Date of Employment:
8. Overall Job Duties in this Position:	
9. Describe Safety Activities in This Position:	
10. What Percentage of This Position is Safety Related?	
11. Length of Experience in this Job:	

Education and Professional Certification

1. Experience

Years of Experience: _____

Safety & Health Professional: _____

Training: _____

Training Safety & Health Topics: _____

2. College Degree

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:

Date of graduation:

Name of Degree:

3. Professional Certification – (Professional Certification is Optional)

Certified Safety Professional (CSP)

Certified Industrial Hygienist (CIH)

Occupational Safety & Health Technician (OSHT)

I am a Certified Safety & Health Manager (CSHM)

I have attached the required copy of my current professional certification as a CSP, CIH, OSHT, or CSHM.

3. Statement of Certification

The information I have included herein and submitted to the WISHA 10 Training Program (or its designee) is true and accurate to the best of my knowledge.

Applicant's Signature

Date

This Page is for L&I Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date
Approving Authority Printed Name:	Approving Authority Signature:
<p>If not approved, please indicate reason:</p> <p><input type="checkbox"/> Applicant did not meet the required years of experience.</p> <p><input type="checkbox"/> Applicant did not submit proof of applicable certification.</p> <p><input type="checkbox"/> Applicant did not include transcripts.</p> <p><input type="checkbox"/> Applicant did not sign form.</p> <p><input type="checkbox"/> Other:</p> <hr/> <hr/> <hr/> <hr/>	