

Appendix A – Statement of Compliance

Statement of Compliance with Outreach Training Program Requirements

I certify that I will conduct all outreach training classes in accordance with the OSHA Outreach Training Program requirements. I understand that it is my responsibility to ensure that I meet the requirements of the most recent edition of the OSHA Outreach Training Program requirements and related procedures. I will maintain the training records as required by the requirements and procedures and I will provide these records to the OSHA Directorate of Training and Education (or its designee) upon request. I understand that I will be subject to immediate dismissal from the Outreach Training Program if I provide information that is not true, complete and correct. I further understand that providing false information may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. Sec. 1001 and 29 U.S.C. 666(g), which provides criminal penalties for making any false statement, representation or certification.

Trainer Signature

_____/_____/_____
(mmm / dd / yyyy)
Signature Date

Type or Print Name (print as clear as possible)

_____/_____/_____
(mmm / dd / yyyy)
Authorized Trainer Expiration Date

Name of Course (To be completed by OTI Education Center)

Course Dates (To be completed by OTI Education Center)

OSHA Training Institute Education Center – UC San Diego, Extension (UCSD)

Name of OTI Education Center

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