



Certification Application Form



Once certification has been achieved in *all courses*, please complete and submit this application form.

Have you read the paragraph above?: Yes No

I am applying for: HSA NCSO Date: _____ MM/DD/YY

Name: _____

Date of Birth: _____ MM/DD/YY

Mailing address for Certificate: _____

_____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Compulsory Courses (11)

Certification Date

Principles of Health and Safety Management <input type="checkbox"/>	_____ MM/DD/YY
Auditor Certification <input type="checkbox"/>	_____ MM/DD/YY
Leadership for Safety Excellence <input type="checkbox"/>	_____ MM/DD/YY
<i>LSE Proficiency</i> <input type="checkbox"/>	_____ MM/DD/YY
Alberta Legislation Awareness <input type="checkbox"/>	_____ MM/DD/YY
Basic Instructional Techniques <input type="checkbox"/>	_____ MM/DD/YY
Confined Space Entry/Monitor <input type="checkbox"/>	_____ MM/DD/YY
WHMIS Train-the-Trainer <input type="checkbox"/>	_____ MM/DD/YY
Prime Contractor <input type="checkbox"/>	_____ MM/DD/YY
CSTS, RSTS, PCST, or ESTS <input type="checkbox"/>	_____ MM/DD/YY
Construction Safety Administration <input type="checkbox"/>	_____ MM/DD/YY
Standard First Aid (provide copy of certificate) <input type="checkbox"/>	_____ MM/DD/YY

Elective Courses (2)

_____ Course Name <input type="checkbox"/>	_____ MM/DD/YY
_____ Course Name <input type="checkbox"/>	_____ MM/DD/YY
Experience letter included <input type="checkbox"/>	

Applications can be submitted to the NCSO/HSA Coordinator in the Edmonton office:
by fax to 780-455-1120 or 1-877-441-0440
or by e-mail to cso@acsa-safety.org

