



## Field Safety Representative with Specialty in Hospitals Qualification Review

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### Personal Data

NAME: \_\_\_\_\_  
Last First

TITLE OR POSITION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
St/P. O. Box City State Zip Code

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Instructions:** List applicable qualifications to provide loss control information or services.

### Section A: Qualified by Professional Registrations or Certificate

- Certified Safety Professional: Certificate No. \_\_\_\_\_
  - Certified Industrial Hygienist: Certificate No. \_\_\_\_\_
  - Registered Professional Engineer: Certificate No. \_\_\_\_\_ State \_\_\_\_\_
  - Professional Licensure as a Registered Nurse: Certificate No. \_\_\_\_\_ State \_\_\_\_\_
  - Other: Certificate No. \_\_\_\_\_ State \_\_\_\_\_
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### Section B: Qualified by College Education

<u>College, University, or training program</u>	<u>Course/Major</u>

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**Section C: Qualified by Professional Safety Experience**

Name of Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
From To

DESCRIPTION OF SAFETY EXPERIENCE List in chronological order with current experience first.

Name of Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
From To

DESCRIPTION OF SAFETY EXPERIENCE List in chronological order with current experience first.

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