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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit completed forms to:**  University at Buffalo Questions or complete forms contact: Joseph Syracuse  Toxicology Research Center (P) (716) 829-2125 or  3435 Main Street, Cary 15 (F) (716) 829-2806 or  Buffalo, New York 14214 jsyracus@buffalo.edu  ATTN: Joseph A. Syracuse, Ph.D. | | | | | | | | | | | | | | | | | | | | |
| 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 person and address listed above PRIOR TO ENROLLING IN THE COURSE. Registration is not permitted without approval. | | | | | | | | | | | | | | | | | | | | |
| **Course Prerequisites**   * Successfully completed the First Receiver Operations Initial class offered by the UB-TRC in the past 2 years. * Completed the ICS 100, 200 and 700 series courses. * 5 years experience in Safety and Health. Emergency Responder and Emergency Management training and experience is helpful. Any training under HAZWOPER (29CFR1910.120 (e) or (q). * Experience as a safety trainer in adult education is also helpful. **Remember you are applying to conduct training courses.** | | | | | | | | | | | | | | | | | | | | |
| **Applicant Information – Please type or print** | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Applicant Name:** | | | | |  | | | | | **2.** | **Title:** | | | | | | | | |
| **3.** | **Company:** | | |  | | | | | | | **4.** | **E-Mail:** | | | | | | | | |
| **5.** | **Applicant Address** | | | | | | | | | | | | | | |  | | | | |
|  | Company: | | | |  | | | | | | | | | | | | | | | |
|  | Address: | | | |  | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | City: | |  | | | | | | State: | |  | | | ZIP: | |  |
|  | Phone No.: | | | | (       ) | | | | | Fax No. | | | (       ) | | | | | | | |
| **6. Course Dates:** | | | | | | | | | | **7. Course Location:** | | | | | | | | | | |
| **8.** | | **I have completed the following prerequisite course and others (Please attach a copy of your course completion card or certificate for each applicable course):** | | | | | | | | | | | | | | | | | | |  |
|  | | First Receiver | | | | | | HAZWOPER (q) | | | | HAZWOPER (e) | | | | | Other | | | |  |
|  | Initial | | | | |  | Operations | | |  | | 40 Hour Worker | | |  | |  | |
|  | Refresher | | | | |  | Technician | | |  | | 24 Hour Worker | | |  | |  | |
|  |  | | | | |  | Incident Commander | | |  | | Supervisor | | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List Work Experience with Most Recent Employer First** | | | | | | | | | | | | | | | | | | | | |
| **9.** | **Employer Name:** | | |  | | | | **10.** | | **Contact Person:** | | | | | | | | | | |
| **11.** | **Contact Person’s Phone Number:** | | | | | | | **12.** | | **Contact Person’s Email Address:** | | | | | | | | | | |
| **13.** | **Employer Address:** | | | | | | | | | | | | | | | |  | | | |
|  | Company: |  | | | | | | | | | | | | | | | | | | |
|  | Address: |  | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | |
|  |  | City: |  | | | | | | | | State: | |  | | | | | ZIP: |  | |
| **14.** | **Start Date of Employment:** | | | |  | | **15.** | | **End Date of Employment:** | | | | | | |  | | | | |
| **16.** | **Overall Job Duties in this Position:** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **17.** | **Describe Safety and Emergency Response & Management Activities in This Position:** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **18.** | **What Percentage of This Position is Safety and Emergency Response & Management Related?** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| Office Use Only | | | | | | Length of Experience in this Job: | | | | | | | | |  | | | | | |
| **List Work Experience with Next Most Recent Employer** | | | | | | | | | | | | | | | | | | | | |
| **19.** | **Employer Name:** | | |  | | | | **20.** | | **Contact Person:** | | | | | | | | | | |
| **21.** | **Contact Person’s Phone Number:** | | | | | | | **22.** | | **Contact Person’s Email Address:** | | | | | | | | | | |
| **23.** | **Employer Address** | | | | | | | | | | | | | | | |  | | | |
|  | Company: |  | | | | | | | | | | | | | | | | | | |
|  | Address: |  | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | |
|  |  | City: |  | | | | | | | | State: | |  | | | | | ZIP: |  | |
| **24.** | **Start Date of Employment:** | | | |  | | **25.** | | **End Date of Employment:** | | | | | | | | | | |  |
| **26.** | **Overall Job Duties in this Position:** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **27.** | **Describe Safety and Emergency Response & Management Activities in This Position:** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **28.** | **What Percentage of This Position is Safety and Emergency Response & Management Related?** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| Office Use Only | | | | | | Length of Experience in this Job: | | | | | | | | |  | | | | | |
| **List Work Experience with Next Most Recent Employer** | | | | | | | | | | | | | | | | | | | | |
| **29.** | **Employer Name:** | | |  | | | | **30.** | | **Contact Person:** | | | | | | | | | | |
| **31.** | **Contact Person’s Phone Number:** | | | | | | | **32.** | | **Contact Person’s Email Address:** | | | | | | | | | | |
| **33.** | **Employer Address** | | | | | | | | | | | | | | | |  | | | |
|  | Company: |  | | | | | | | | | | | | | | | | | | |
|  | Address: |  | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | |
|  |  | City: |  | | | | | | | | | State: | |  | | | | ZIP: |  | |
| **34.** | **Start Date of Employment:** | | | |  | | **35.** | | **End Date of Employment:** | | | | | | |  | | | | |
| **36.** | **Overall Job Duties in this Position:** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **37.** | **Describe Safety and Emergency Response & Management Activities in This Position:** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **38.** | **What Percentage of This Position is Safety and Emergency Response & Management Related?** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| Office Use Only | | | | | | Length of Experience in this Job: | | | | | | | | |  | | | | | |

**39. Statement of Certification**

*The information I have included herein and submitted is true and accurate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |

**THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY**

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| **OFFICE USE ONLY** | | | | | | | | |
| Check One: | | | | | Approving Authority Signature | | |  |
|  | Approved |  | Not Approved | | Please print name | | |  |
| If not approved, please indicate reason | | | | | | | | |
|  | Applicant did not take the prerequisite course | | | | |  | Applicant’s trainer card expired over 10 years ago | |
|  | Applicant did not meet the required years of experience | | | | |  | Applicant did not include transcripts | |
|  | Applicant did not submit proof of applicable certification | | | | |  | Applicant did not sign form | |
|  | Other (Please explain) | | |  | | | | |