

# Application for the Toxicology Research Center (UB-TRC) First Receiver Operations Train-the-Trainer Course

**Submit completed forms to:**

University at Buffalo  
Toxicology Research Center  
3435 Main Street, Cary 15  
Buffalo, New York 14214  
ATTN: Joseph A. Syracuse, Ph.D.

Questions or complete forms contact: Joseph Syracuse  
(P) (716) 829-2125 or  
(F) (716) 829-2806 or  
jsyracus@buffalo.edu

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**

<b>1. Applicant Name:</b>	<b>2. Title:</b>		
<b>3. Company:</b>	<b>4. E-Mail:</b>		
<b>5. Applicant Address</b>			
Company: _____			
Address: _____			
City: _____ State: _____ ZIP: _____			
Phone No.: (     )	Fax No. (     )		
<b>6. Course Dates:</b>	<b>7. Course Location:</b>		
<b>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):</b>			
First Receiver	HAZWOPER (q)	HAZWOPER (e)	Other
<input type="checkbox"/> Initial	<input type="checkbox"/> Operations	<input type="checkbox"/> 40 Hour Worker	<input type="checkbox"/>
<input type="checkbox"/> Refresher	<input type="checkbox"/> Technician	<input type="checkbox"/> 24 Hour Worker	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Incident Commander	<input type="checkbox"/> Supervisor	<input type="checkbox"/>

**List Work Experience with Most Recent Employer First**

<b>9. Employer Name:</b>	<b>10. Contact Person:</b>
<b>11. Contact Person's Phone Number:</b>	<b>12. Contact Person's Email Address:</b>
<b>13. Employer Address:</b>	
Company: _____	
Address: _____	
City: _____ State: _____ ZIP: _____	
<b>14. Start Date of Employment:</b>	<b>15. End Date of Employment:</b>
<b>16. Overall Job Duties in this Position:</b>	
<b>17. Describe Safety and Emergency Response &amp; Management Activities in This Position:</b>	
<b>18. What Percentage of This Position is Safety and Emergency Response &amp; Management Related?</b>	

Office Use Only

Length of Experience in this Job: \_\_\_\_\_

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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?	

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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:** \_\_\_\_\_

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

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