

PROFESSIONAL SAFETY INSTITUTE SAFETY MANAGEMENT SPECIALIST CERTIFICATE



Professional Safety Institute courses may be taken individually or as part of certificated programs. Courses are designed for aiding both safety beginners and seasoned professionals in creating effective safety programs at their workplaces. Students gain career skills, adding excellent value to professional resumes through graduation from PSI courses, along with the eligibility to test for a Certified Safety Management Specialist (CSMS) title designation upon completion of all ten courses. If you have any questions about your path to becoming a Safety Management Specialist or a CSMS, contact us at (909) 625-9650 or email joan@safetycenter.org for assistance.

CORE SAFETY CERTIFICATE · CSC	INSTRUCTOR	DATES	MEMBER	NON-MEMBER
Establishing a Successful Safety Program	Bob Lapidus	Feb 19, 2010	\$230	\$265
Industrial Hygiene	Bob Lapidus	Mar 11, 2010	\$230	\$265
Selling Safety	Bob Lapidus	Mar 12, 2010	\$230	\$265
TECHNICAL SAFETY CERTIFICATE · TSC				
OSHA Recordkeeping Requirements	Bob Lapidus	Sept 23, 2010	\$250	\$275
Conducting Safety Inspections	Bob Lapidus	Nov 5, 2010	\$230	\$265
Conducting Accident Investigations	Jim Hughes	Dec 10, 2010	\$230	\$265
INSTRUCTOR SAFETY CERTIFICATE · ISC				
Training Programs & Presentations	Katherine Abbott	Feb 23-25, 2010	\$690	\$825
MANAGEMENT SAFETY CERTIFICATE · MSC				
Controlling Risk	Bob Lapidus	May 7, 2010	\$230	\$265
Making Safety Performance Matter	Bob Lapidus	July 9, 2010	\$230	\$265
Solving Safety Problems	Bob Lapidus	Aug 6, 2010	\$230	\$265
SUBTOTAL			\$2780	\$3220
Less: 10% Discount			-\$278	-\$322
TOTAL			\$2502	\$2898

*10% off is only applicable if full payment/PO number is received prior to attending the first PSI class.

NOTE: All prices & dates are subject to change. The CSMS exam is a separate fee.

ENROLLMENT FORM



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111 S SPRING STREET
CLAREMONT, CA 91711

(909) 625-9650 PH
(909) 625-9652 FAX
JOAN@SAFETYCENTER.ORG



FAX



E-MAIL



MAIL



PHONE

NAME _____

EMPLOYER _____

POSITION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

We offer the same quality courses @ your facility. Call today for details!

Enclosed is my check for \$ _____
made payable to *Safety Center Incorporated*

if applicable - please provide a
Purchase Order #: _____

Charge to my: _____ VISA _____ MasterCard

Account #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

THANK YOU!

12/17/09

WWW.SAFETYCENTER.ORG