

# SAFETY MANAGEMENT SPECIALIST CERTIFICATE 2011

These courses may be taken individually or as part of a series certificate program. Courses are designed for aiding both safety neophyte and seasoned professionals in creating and implementing effective safety programs at their workplaces. Students not only gain valuable career skills and enhance their professional resumes, they also receive the Safety Management Specialist Certificate upon completion of all ten courses and become eligible to test for a Certified Safety Management Specialist (CSMS) designation. 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 22 & April 26	\$230	\$265
Industrial Hygiene	Bob Lapidus	Feb 23 & April 27	\$230	\$265
Selling Safety	Bob Lapidus	Feb 24 & April 28	\$230	\$265
TECHNICAL SAFETY CERTIFICATE · TSC				
OSHA Recordkeeping Requirements	Bob Lapidus	May 24	\$250	\$275
Conducting Safety Inspections	Bob Lapidus	May 25	\$230	\$265
Conducting Accident Investigations	Jim Hughes	May 26	\$230	\$265
INSTRUCTOR SAFETY CERTIFICATE · ISC				
Training Programs & Presentations	Katherine Abbott	August 23-25	\$690	\$825
MANAGEMENT SAFETY CERTIFICATE · MSC				
Controlling Risk	Bob Lapidus	November 15	\$230	\$265
Making Safety Performance Matter	Bob Lapidus	November 16	\$230	\$265
Solving Safety Problems	Bob Lapidus	November 17	\$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



SAFETY CENTER INCORPORATED  
109 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!**

10/15/10

WWW.SAFETYCENTER.ORG