



Certified Occupational  
Safety Specialist

## EXTENSION OF TIME REQUEST FORM

AN EXTENSION OF TIME ALLOWS YOU TO ADD AN ADDITIONAL YEAR TO YOUR RECERTIFICATION CYCLE FOR THE PURPOSE OF OBTAINING CEUS OR CONTACT HOURS.

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

### EXTENSION OF TIME INFORMATION

Reason for Extension of Time:

### EXPIRATION DETAILS (INTERNAL USE ONLY)

Original Certification Date: _____	Original Expiration Date: _____
New Expiration Date Granted: _____	Next Expiration Date: _____

### SIGNATURES

**I understand that extending my present Recertification cycle will shorten my next Recertification cycle to 2 years (instead of 3) and will still require the minimum 6 Recertification CEUs or 60 contact hours.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COSS Operations  
Supervisor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_