



Certified Occupational
Safety Specialist

COSS Recertification Worksheet

DO NOT SUBMIT DOCUMENTATION WITH THIS WORKSHEET.
Please see the COSS Recertification Guidelines for more details.

Please print or type the following information:

Name: First _____ M. _____ Last _____

Institution/Sponsor	Title of Course/Seminar	Attendance Date(s) (Mo/Day/Yr)	Number of CEUs	Number of Contact Hours
Total:				

If additional space is needed, please use additional pages. Note: The total should equal 6 CEUs or 60 Contact Hours, and cannot be rounded to the nearest whole number.