

# MASTER CERTIFICATION (MC) RISK MANAGEMENT CERTIFICATE REQUEST FORM



FOR OFFICE USE ONLY

STUDENT ID: \_\_\_\_\_

PLAQUE

PRESENT

## Recipient Information

*Note: Enter name as it will appear on certification credentials*

Full Name

Date of Request

Phone Number

Email Address

I would like to be included in the UT Arlington Safety & Health Program's electronic newsletter.

**Certification Requirements:** A copy of each course completion certificate or transcript is required for coursework not completed through the UT Arlington OSHA Training Institute Education Center. A minimum of two classes listed below must have been completed through UT Arlington.

### Required Course (2):

- Safety, Health, & Environmental Professional (SHEP) Certification
- MS 901 *Management System Design for EHS*

### Elective Courses (3):

- RM 201 *Assessment Techniques*
- RM 202 *Performance Measurement and Data Analysis*
- RM 203 *Risk Informed Decision Making*
- SH 900 *Leading Measures for Improving Safety Performance*

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Certificate request forms are processed within ten business dates of receipt. If you do not receive a receipt of confirmation within this period, contact our office. The application fee includes physical and electronic copies of the certification. If an individual wishes to have their certification presented in their last class, the application must be submitted two to three weeks prior to their last class. All coursework must be completed other than the final class prior to application submission. If a recipient has purchased a plaque and reschedules their last class, they are responsible for notifying our office and paying a \$35 replating fee. If all requirements have been met, credentials will ship to the address provided below.

Item	Unit Price	Quantity	Price
Application fee (includes paper/PDF certificate)	\$75	1	\$75
Certification Plaque	\$125		
Certification Nameplate	\$100		
Total:			

**Submit in person or by mail to:**

The University of Texas at Arlington  
Division for Enterprise Development  
140 W. Mitchell, Arlington, TX 76019  
M: 817-272-2581 | F: 817-272-2556  
[cedregistration@uta.edu](mailto:cedregistration@uta.edu)

**Shipping Information**

Mailing Address *Cannot be P.O. Box* City State Zip

**Payment Information**

Charge to:  Visa  Master Card  Discover  American Express

Card Number Expiration Date

Name on Card

Authorized Signature

**Office Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Verified By: \_\_\_\_\_  
 Payment Taken By: \_\_\_\_\_ Auth./Check #: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Course Dates: \_\_\_\_\_ Course Location: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
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