

**Instructions :**

Fill in all the data needed. Use block/printed letters or use a typewriter. Write N.A. if the blanks are not Applicable. Application may be submitted directly to BWC or to concerned R.O. Documents submitted must be signed in all pages.

I would like to apply for renewal of my accreditation as:

**OSH CONSULTANT**       **OSH PRACTITIONER**

**Accreditation No:** \_\_\_\_\_  
Date accredited: \_\_\_\_\_  
Date of last renewal: \_\_\_\_\_  
Validity: \_\_\_\_\_

**1. PROFILE**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Civil Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Widower/Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated
City/Mailing Address (No. & Street, Town/City, Province, Zip Code)				
Home/Provincial Address			Home No.:	Cellular Phone No (if any):
Business Address			Co. Tel No.:	Fax No.:
			E-mail:	
<b>Nature of Business / Specific Product/Service :</b>			PSIC Code:	
<b>Type of Workplace:</b> <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous			<b>Employment Size:</b> MALE: _____ FEMALE: _____ TOTAL : _____	
Region:			GEO Code:	

**2. WORK EXPERIENCE** *since last issuance of accreditation*

**YEARS OF OSH  
EXPERIENCE**

Position (From recent to previous)	Inclusive Dates		Length of service	Status of Appointment	Name of Company
	From	To			

**3. SUMMARY OF ACCOMPLISHMENTS ON OSH** (Please attach original summary of accomplishments duly certified by your immediate supervisor and employer using company letterhead. Photocopy of supporting documents should be attached (i.e. report on inspection , accident investigation, OSH programs/activities)

**4. OSH RELATED TRAININGS / SEMINARS ATTENDED ( As Participant ) -** *Since last issuance of accreditation Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for authentication.*

Title (Start from latest)	Time / Duration		No. of Hours	Conducted by	Venue
	From	To			

Total \_\_\_\_\_

**5. OSH RELATED LECTURES / SEMINARS / TRAININGS CONDUCTED ( As Resource Speaker )**

*(Since last issuance of accreditation. Please attach photocopy of certificate/recognition received.)*

Title / Topic	Time / Duration		No. of Hours	Conducted By	Venue
	From	To			

Total \_\_\_\_\_

**6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED** *(Use additional sheet if necessary)*

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

**7. OSH AWARDS / ACHIEVEMENTS / RECOGNITION RECEIVED** *(Use additional sheet if necessary).*

*Attach photocopy of certificate of award/recognition*

Title	Brief Description	Issued By	Date issued

*I certify that the information stated above are true and correct.*

\_\_\_\_\_  
**SIGNATURE**

Date: \_\_\_\_\_

RIGH THUMB  
MARK