

APPLICATION FOR DIRECTORY OF SAFETY SERVICES

Please complete the information requested below and mail to the Louisiana Workforce Commission, Office of Workers' Compensation, P.O. Box 94040, Baton Rouge, Louisiana 70804-9040. The application may also be faxed to our office, at (225) 342-6756, or emailed to sbowers@lwc.la.gov.

Name	Organization
Street Address	Position Title
City State Zip	Telephone Number
E-mail address (1)	E-mail address (2)

Additional Contact Information:

EDUCATION: *Circle appropriate numbers*

- | | | |
|-----------|-------------|-------------|
| 01 A.A. | 11 B.S. | 21 M.D. |
| 02 A.S. | 12 B.S.E.E. | 22 M.M.E. |
| 03 A.A.S. | 13 B.S.M.E. | 23 M.P.H. |
| 04 A.B. | 14 Ed.D. | 24 M.S. |
| 05 B.A.E. | 15 Ed.M. | 25 M.S.I.E. |
| 06 B/B/A | 16 J.D. | 26 M.S.M.E/ |
| 07 B.CH.E | 17 L.L.B. | 27 P.H.B. |
| 08 B.Ed. | 18 M.A. | 28 Ph.D. |
| 09 B.I.E. | 19 M.A.E. | 29 Sc.D. |
| 10 B.M.E. | 20 M.B.A. | |

CERTIFICATION:

- | | |
|----|--------|
| 01 | CHCM |
| 02 | CIH |
| 03 | CSP |
| 04 | Other: |
| | _____ |
| | _____ |
| | _____ |

SPECIALTY: *Circle appropriate numbers*

- | | | |
|-----------------------------------|--------------------------------|--------------------------------|
| 01 Agricultural | 21 Lasers | 41 Research/ Development |
| 02 Aviation/Space | 22 Legal | 42 Radiological Protection |
| 03 Air Pollution | 23 Machine Guarding | 43 Rail/Transit |
| 04 Audiometry | 24 Marine | 44 Risk Management / Insurance |
| 05 Biological | 25 Material Handling | 45 Sanitation |
| 06 Biomedical Technology | 26 Medical Treatment | 46 Standards / Compliance |
| 07 Chemical / Hazardous | 27 Mining | 47 Operating Room (Hospital) |
| 08 Compressed Gas / Air Equipment | 28 Motor Vehicle | 48 System Safety (MORT) |
| 09 Construction | 29 Noise | 49 Toxicology |
| 10 Consumer Activities | 30 Nuclear | 50 Training / Education |
| 11 Design Engineering (Products) | 31 Physical/Personnel Security | 51 Ventilation |
| 12 Electircal | 32 OSHA Activities | 52 Vibration |
| 13 Emergency Services | 33 Petroleum | 53 Walking/Working Surfaces |
| 14 Ergonomics / Human Factors | 34 Pipeline | 54 Waste Disposal |
| 15 Fire Protection | 35 Product | 55 Water Pollution |
| 16 Generalist | 36 Psychological / Behavior | 56 Management |
| 17 Hand and Power Tools | 37 Physiological | 57 Dust (respirable) |
| 18 Health Care | 38 Quality / Reliability | 58 Industrial Hygiene |
| 19 Laboratory / Chemical | 39 Recreation | |
| 20 Ladders/Scaffolds | 40 Regulatory | |

Complete both pages

SAFETY EXPERIENCE
(INDICATE A MINIMUM OF TEN YEARS)

FIRM	YEARS	TITLE	SUPERVISOR

SUBSPECIALTIES

Within each specialty circled above, a consultant may designate sub-specialties per the examples below:

Specialty: Aviation / Space

Specialty: Product

Subspecialty: Failure analysis; Structural design and analysis;
Operational procedures; System Safety

Subspecialty: Design review; Reliability; Liability; Warnings;
Packaging; Storage; Recalls

ENTER SUBSPECIALTIES BELOW:

Office Use: Notes on verification

Attach copies of diplomas, certifications, or other verification records.
Notarized verification of ten years professional safety experience will be accepted in lieu of college degree.