

# 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](mailto: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:

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**EDUCATION:** *Circle appropriate numbers*

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|-----------|-------------|-------------|
| 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*

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|-----------------------------------|--------------------------------|--------------------------------|
| 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 Electrical                     | 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

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

**Specialty:** Product

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

ENTER SUBSPECIALTIES BELOW:

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<b>Office Use: Notes on verification</b>

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.