



Certified Occupational
Safety Specialist

EXTENSION OF TIME REQUEST FORM

AN EXTENSION OF TIME ALLOWS YOU TO ADD AN ADDITIONAL YEAR TO YOUR RECERTIFICATION CYCLE FOR THE PURPOSE OF OBTAINING CEUS OR CONTACT HOURS.

SUBMIT THIS COMPLETED FORM TO THE COSS DEPARTMENT VIA FAX (225-766-1099) OR VIA EMAIL (BGORDON@COSS.NET)

STUDENT INFORMATION

Student's Name: _____
First *Middle* *Last*

Phone Number: _____ Email: _____ Date: _____

EXTENSION OF TIME INFORMATION

Reason for Extension of Time:

EXPIRATION DETAILS (INTERNAL USE ONLY)

Original Certificate Date:	_____	Original Expiration Date:	_____
New Expiration Date Granted:	_____	Next Expiration Date:	_____

SIGNATURES

I understand that extending my present Recertification cycle will shorten my next Recertification cycle to 2 years (instead of 3) and will still require the minimum 6 Recertification CEUs or 60 contact hours.

Student's Signature: _____ Last 4 digits of SSN: _____ Date: _____

COSS Operations
Supervisor's
Signature: _____ Date: _____