

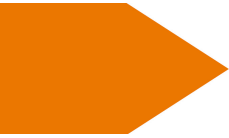


# National Safety Council's Principles of Occupational Safety & Health (POSH)

**December 7-11, 2020** Chesapeake Region Safety Council  
2555 Lord Baltimore Drive, Suites N-R  
Baltimore, MD 21244

**January 11-15, 2021** **Virtual Instructor Led Training (VILT)**

**May 3-7, 2021** Chesapeake Region Safety Council  
2555 Lord Baltimore Drive, Suites N-R,  
Baltimore, MD 21244



## Required course towards earning the NSC's Advanced Safety Certificate

**Class Time:** This course will begin at Noon on the first day of class

POSH is an intensive course covering 19 topics which will give you a firm foundation in the fundamentals of workplace safety and health. This course curriculum with important safety concepts and emphasis on best practices builds a core for implementing and managing a safety program.

- Nationally recognized safety curriculum based on proved best practices
- Develops critical thinking skills to effectively address safety issues
- Learn to identify hazards and implement corrective actions
- CEUs that are accepted by BCSP and AIHA and other professional certification organizations

### Class Fee:

**\$1295 for CRSC/NSC Members**

**\$1650 for Non-Members**

**Course fee includes** over \$350 worth of reference materials, including Accident Prevention Manual (12th Ed.), Administration & Programs; Accident Prevention Manual (12th Ed.), Engineering & Technology on CD; Injury Facts CD-ROM; and Resource CD. □  
2.6 NSC CEUs

*Principles of Occupational Safety and Health is also a required course to earn Mid Atlantic OSHA Training Institute Education Center three certificate programs*

VILT device requirements:  
[www.chesapeakeesc.org/virtual-instructor-led-training](http://www.chesapeakeesc.org/virtual-instructor-led-training)

## Registration Form- Please FILL OUT the Course Info Below:

Class Name: POSH Class Date: (month/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: (city, state) \_\_\_\_\_, \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

4360  
( / )

Indicate Payment Method: (please check) **Are you a CRSC/NSC Member? Yes \_\_\_\_\_ or No \_\_\_\_\_ if Yes provide member # \_\_\_\_\_**

Check Enclosed \_\_\_\_\_ Please Invoice \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ CID # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**You can mail this form to:**  
Chesapeake Region Safety Council - 2555 Lord Baltimore Drive, Suites N-R, Baltimore, MD 21244  
**Call to register:** 800-875-4770 **Register online** at [www.chesapeakeesc.org](http://www.chesapeakeesc.org)  
**Make checks payable to:** Chesapeake Region Safety Council