



## Training Course Provider Recognition Program Application for Recognition

I. Organization/Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

III. Topics included in training course (check all that apply):

<input type="checkbox"/>	Ethics and Standards of Conduct	<input type="checkbox"/>	Auditing Requirements
<input type="checkbox"/>	Audit Program Design & Management	<input type="checkbox"/>	Auditor's Personal Attributes & Skills
<input type="checkbox"/>	Conducting Audit Engagements	<input type="checkbox"/>	Audit Procedures, Processes & Techniques
<input type="checkbox"/>	Internal Controls	<input type="checkbox"/>	EMS Model – ISO 14000 Standards
<input type="checkbox"/>	Regulatory Aspects – Environmental Compliance	<input type="checkbox"/>	Technical & Environmental Aspects of Facility Operations
<input type="checkbox"/>	Process Operations, EHS Impacts, & Pollution Control Technologies	<input type="checkbox"/>	Relevant Requirements of Environmental Laws & Regulations
<input type="checkbox"/>	Environmental Specific Regulatory Knowledge	<input type="checkbox"/>	OHSAS 18001
<input type="checkbox"/>	Health & Safety Specific Regulatory Knowledge	<input type="checkbox"/>	Process Safety Management
<input type="checkbox"/>	EHS Auditing Standards & Practices	<input type="checkbox"/>	Other (list):
<input type="checkbox"/>	Other (list):	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

IV. Enclose with Application:

- 1. Instructor resumes, certifications, and relevant training experience
- 2. Course agenda
- 3. Sample course materials
- 4. Course historical offerings (most recent 24 months)
- 5. Payment (below)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Initial Application Fee, \$500, nonrefundable*
- Renewal, \$250*

**Payment**

- Check
- Credit card (MasterCard, Visa, or American Express)

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Mail Application with Payment to:** BEAC; 247 Maitland Ave.; Altamonte Springs, FL 32701-4201  
**OR FAX to:** (407) 830-7495