

# Registration

New to the Learning Portal? Create your account below.

**1. First Legal Name\*:**

First Legal Name\*

**2. Middle Legal Name:**

Middle Legal Name

**3. Last Legal Name\*:**

Last Legal Name\*

**4. Select Job Classification\*:**

Select Job Specialization\*

**5. Official Work Email\*:**

Work Email\*

**6. Confirm Work Email\*:**

Confirm Work Email\*

**7. Work Phone Number\*:**

Work Phone Number\*

**8. Cell Phone:**

Cell Phone

**9. Are you a State Plan OSHA or Consultation Employee\*?**

Yes

**10. Are you a Supervisor\*?**

Yes

**11. Select Affiliation (Org Name)\*:**

Select Affiliation (Org Name)\*...

**12. Work Street Address 1\*:**

Work Street Address 1\*

**13. Work Street Address 2:**

Work Street Address 2

**14. Work City\*:**

Work City\*

**15. Select Work State\*:**

Select Work State\*

**16. Work Zip\*:**

Work Zip\*

**17. Supervisor First Legal Name:**

Supervisor First Legal Name

**18. Supervisor Last Legal Name\*:**

Supervisor Last Legal Name\*

**19. Supervisor Work Phone Number\*:**

Supervisor Work Phone Number\*

**20. Supervisor Work Email\*:**

Supervisor Work Email\*

**21. Confirm Supervisor Work Email\*:**

Confirm Supervisor Work Email\*

**22. Password\*:**

**23. Confirm password\*:**

By clicking on register, you agree with our Usage Terms (/Content/UsageTerms.pdf).

 I'm not a robot reCAPTCHA  
Privacy - Terms

**Already Have an Account? (/PublicWelcome.aspx)**

Public reporting burden for this collection of information is voluntary and is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Training Institute, OSHA Office of Training and Education, 2020 S. Arlington Heights Road, Arlington Heights, Illinois 60005-4102. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number.

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

**Authority:** The information collected is a student data form to register for training is authorized by the following authority: Section 21 of the Occupational Safety and Health Act of 1970 (OSH Act or Act) (29 U.S.C. 670).

**Purpose:** The primary purpose of collecting this information is to register for the course and to allow OSHA to contact students if an emergency arises at their home, place of employment, or in local accommodations, and to alert supervisors of a trainee's injury or illness.

**Routine Use(s):** The Department of Labor routinely uses the information, as follows None, except for the DOL universal routine uses found here: [www.dol.gov/general/privacy/sorn#universal](http://www.dol.gov/general/privacy/sorn#universal)

**Consequence of Failure to Provide Information:** Completion of this form is voluntary. Failure to provide the information may result in delays in the creation and activation of the student's registration profile and learning management system (LMS) course account. The LMS requires specific demographic and contact information included in this form to generate a unique student record, enroll the student in the appropriate courses, and ensure accurate documentation of training activity. When this information is missing, the system cannot automatically establish the student's account, which prevents access to required training modules and may postpone the student's ability to begin or complete OSHA coursework. Completing the form ensures timely account setup, accurate student tracking, and uninterrupted access to training resources.

Additional information regarding the system of records associated with this can be found in the SORN for DOL/OSHA-6, available at <https://www.dol.gov/privacy>.

# Need Help?

Don't see your assigned course?  
Can't locate your completion certificate? Need help with  
registering a new account?

Visit our Support Site

**Student Data Form Submission Instructions  
(New Hire Enrollment)**

FORM APPROVED OMB NO. 1218-0172  
Expiration Date: 08-31-2026

- Please ensure names and emails are spelled correctly (as they appear in Blackboard).
- Enter work phone numbers using the following format: ###-###-####

**Enter the following information in items 01 – 21:**

- Item 01 - First Legal Name
- Item 02 - Middle Legal Name
- Item 03 - Last Legal Name
- Item 04 - Job Classification (see instructions)
- Item 05 - Official Work Email Address
- Item 06 - Confirm Work Email
- Item 07 - Work Phone Number
- Item 08 - Cell Phone
- Item 09 - Are you a State Plan OSHA or Consultation Employee? Y/N
- Item 10 - Are you a Supervisor? Y/N
- Item 11 - Select Affiliation (see instructions)
- Item 12 - Work Address 1
- Item 13 - Work Address 2
- Item 14 - Work City
- Item 15 - Work State
- Item 16 - Work Zip
- Item 17 - Supervisor First Legal Name
- Item 18 - Supervisor Last Legal Name
- Item 19 - Supervisor Work Phone
- Item 20 - Supervisor Work Email
- Item 21 - Confirm Supervisor Work Email

*Special Instructions:*

- Item 04: Enter one of the following job classifications (**do not enter anything other than one of these choices**):
  - Industrial Hygienist
  - Safety Specialist Construction
  - Safety Specialist General Industry
- Note: Learning Path is determined by Job Classification for CSHOs and Enforcement (does **not** apply to Consultation).
- Item 11: Affiliation/Office Name
  - Federal Office: Enter the Area Office Name (e.g. Toledo)
  - State Plan: Enter your Blackboard Affiliation Name (e.g. Arizona Enforcement)
  - Consultation: Enter your Blackboard Affiliation Name (e.g. Arizona Consultation)

Update justification: Item numbers 10, 11, 17, 18 and 19 have been added/updated based on customer feedback while completing the form.