

Registration

New to the Learning Portal? Create your account below.

1. Legal First Name*:

Legal First Name*

2. Legal Middle Name:

Legal Middle Name

3. Legal Last Name*:

Legal Last Name*

4. Select Job Specialization*:

Select Job Specialization*

5. 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.Select Affiliation (Org Name)*:

Select Affiliation (Org Name)*...

11.Work Street Address 1*:

Work Street Address 1*

12.Work Street Address 2:

Work Street Address 2

13.Work City*:

Work City*

14.Select Work State*:

Select Work State*

15.Work Zip*:

Work Zip*

16.Supervisor Work Email*:

Supervisor Work Email*

17.Confirm Supervisor Work Email*:

Confirm Supervisor Work Email*

18.Password*:**19.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? \(/PublicWelcome.aspx\)](/PublicWelcome.aspx)

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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](#)

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