



Instructions

- You must complete application in its entirety.
- The deadline for submitting the documentation and credentials for certification is June 15.
- An authorized representative of the business or trade association must sign the application.
- Submit completed applications to:

Ohio Bureau of Workers' Compensation
 Attention: Employer Programs Unit, 22nd Floor
 30 West Spring St.
 Columbus, OH 43215-2256

Association name		Telephone number ()	
Address (Street and P.O. Box)		E-mail address	Fax number ()
City	State	Nine-digit ZIP code	County
Authorized representative			Telephone number ()
Address (Street and P.O. Box)			
City	State	Nine-digit ZIP code	County

Explain how applicant meets sponsorship eligibility

Instructions

- Explain how the association meets the following eligibility requirements. Attach additional documentation as necessary.

1. In existence two-years prior to last date upon which association can file a request for certification. (i.e. Date of organization or incorporation)

2. Possesses two-years experience in assisting Ohio employers in accident prevention and claims management. (List current and previous programs and training offered through the association and dates.)

(Over)

Certified Sponsorship Application for Premium Discount Program Plus (PDP+)

3. Has on staff or unlimited access to a practicing safety and health professional with at least five years experience working full-time in accident prevention, excluding BWC personnel

Provide a brief resume of no more than one page for each practicing safety professional. Include current employer, supervisor, telephone number, title, dates of employment, key responsibilities and availability to the association.

Also include employment history for all previous employers necessary with the same information above to substantiate five years of full-time professional safety management experience.

Note: Professional safety-management experience may include, but is not limited to the following functional areas:

- Accident investigation and causation;
- Safety/health/claims education and training;
- Acting as the stimulus for improvement in safety and health in business settings;
- Instituting various safety processes and procedures to prevent accidents and illnesses;
- Managing or administering workers' compensation benefits.

Certified sponsor's agreement

I, as the authorized representative of the association, have fully read and understand the rules for being a certified sponsor for the Premium Discount Program Plus (PDP+). I understand BWC will revoke PDP+ sponsorship for failure to meet any of the requirements of paragraph (Q) or paragraph (R) of the Ohio Administrative Code (OAC) 4123-17-70, including – but not limited to – the following:

- Falsification of an evaluation or assessment;
- Failing to hold an annual full-day conference on managing safety and claims for all sponsored employers;
- Failing to notify sponsored employers in the agreement or contract to provide services under this program, in bold type, that the services provided are available at no additional fee to the employer from BWC.

By signing this application I certify I have read and understand the program requirements outlined in OAC 4123-17-70 (O) through (S), and I certify that we will comply with all of the program's requirements for continued participation.

Name	Title
Signature	Date
X	