

Presented by the Chesapeake Region Safety Council:



Safety Training Methods



Carroll Community College
1601 Washington Dr.
Westminster, MD 21157

March 15-19, 2010
8:00 am to 4:00 pm

Whether you're coordinating training development, purchasing materials from vendors, contracting with trainers, or conducting training yourself -- you'll find this course valuable.

Safety Training Methods is a 4.5 day (30 hours) course that focuses on the knowledge and skills required to assess your training needs, as well as plan, organize, create, and deliver performance-based safety and health training programs. While emphasis is on developing and delivering instructor-lead/classroom training, you'll become acquainted with other instructional methods and media used to effectively train employees on safety and health issues.

During the training, you will:

- Plan and design a training program applicable to your work environment.
- Learn strategies and methods that address adult learning needs.
- Complete a training needs analysis.
- Identify training and non-training solutions for safety and health case studies.
- Calculate direct and indirect training costs.
- Discuss safety and health training issues with other safety professionals.

Training goals

Upon completion of the Safety Training Methods course, you'll be able to:

- Improve the safety performance of your workforce.
- Make educated decisions about the safety and health training needs of your workforce -- needs
- Analysis, performance objectives, instructional strategy and methods, content, media, delivery, evaluation, and costs.

4.5-Day Course

3.0 NSC CEUs/3.0 COCs/4.5 IH CMs (Approval #03-2811)

Fee: Member \$1,195; Nonmember \$1,550

Four Ways to Register Safety Training Methods - March 15 - 19, 2010 - Westminster, MD

1. Mail This Form 2. Fax 410-281-1350 3. 1-800-875-4770 4. Register online at www.chesapeakesc.org

Send this form and payment to: **Chesapeake Region Safety Council, 17 Governors Court, Baltimore, MD 21244**

Registrant(s) _____ Company _____
_____ Company Contact _____

Office Use Only # 4370

Title _____
E-mail _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
CRSC / NSC Member? Yes, member # _____ No _____

Please indicate payment method

Check Enclosed Please Invoice PO # _____
 Mastercard Visa American Express Discover
Card # _____ CID # _____
Exp. Date _____ Name on Card _____
Make checks payable to: **Chesapeake Region Safety Council**