



OSHA Partnership Program Application

Facility Name:

Facility Address:

Facility Phone #:

Main Contact: Job Title:

Email Address:

Alternate Contact: Job Title:

Email Address:

Person Completing Form

Job Title

Date

Instructions to submit the application

To submit the application, please do the following:

1. Click the download arrow icon in the top right to download this PDF and save it to your Desktop.
2. Open the PDF from your Desktop and enter the information into each field digitally and save the document.
3. Email the completed application to LossPrevention@RMSLA.com with the subject line "LNHA OSHA Partnership Application."

LNHA selected Risk Management Services, LLC (RMS), the third-party administrator for the Louisiana Nursing Home Association's workers' compensation program, to be the liaison for the partnership program due to its working relationship with both LNHA and the OSHA Consultation Group. For more information or questions regarding the partnership, please contact RMS at LossPrevention@RMSLA.com or call 1.800.351.7475.

