



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM
TRAINING COURSE PROVIDER ACCREDITATION APPLICATION

GENERAL INFORMATION

A complete application includes (pursuant to 19 CSR 30-70.320):

1. Completed *Training Course Provider Accreditation Application* form
2. A copy of the student and instructor manuals (including curriculum)
3. Course agenda
4. Course examination blueprint
5. A copy of the quality control plan
6. A copy of a sample course certificate
7. A description of the facilities and equipment to be used for lecture and hands-on training
8. A description of the activities and procedures that will be used for conducting the assessment of hands-on skills for each course
9. A check or money order payable to the Missouri Department of Health and Senior Services for the appropriate nonrefundable fee
10. Submittal of the Training Manager's qualifications
11. Submittal of the Principal Instructor's qualifications

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF ACCREDITATION

- Please submit a separate and **complete application** for each course and refresher course for which you are applying.
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.
- **Please type or print legibly.**

PART A. PERSONNEL INFORMATION

NAME OF TRAINING PROVIDER

MAILING ADDRESS (STREET)

CITY

STATE

ZIP CODE

TELEPHONE #

FAX #

E-MAIL ADDRESS

(_____) _____ - _____

(_____) _____ - _____

NAME OF TRAINING MANAGER

DATE OF BIRTH

NAME OF PRINCIPAL INSTRUCTOR

DATE OF BIRTH

List all addresses at which training will take place

Has the Training Manager been convicted of a felony under any state or federal law?

YES NO If yes, please attach a detailed explanation.

Has the Principal Instructor been convicted of a felony under any state or federal law?

YES NO If yes, please attach a detailed explanation.

PART B. TRAINING MANAGER QUALIFICATIONS Submit supporting documentation

A minimum of one year experience in the construction industry including: lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene; **and** one of the following

- A minimum of two (2) years of experience teaching or training adults; **or**
- A bachelor's or graduate degree in building construction technology, engineering, industrial hygiene, safety, public health, business administration or education; **or**
- A minimum of two (2) years experience in managing a training program specializing in environmental hazards.

PART C. PRINCIPAL INSTRUCTOR QUALIFICATIONS Submit supporting documentation

A minimum of one year of experience in teaching or training adults; **and**

- Successfully completed at least twenty-four (24) hours of any Missouri- or EPA accredited lead-specific training; **and**
- A minimum of one year of experience in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene; or an Associate degree or higher from a post-secondary educational institution in building construction technology, engineering, safety, public health, or industrial hygiene.

PART D. TRAINING COURSE

OCCUPATION OF TRAINING COURSE (Complete a separate application for each course, including refresher courses.)

OCCUPATIONS	<u>TRAINING COURSE FEE</u>	<u>REFRESHER COURSE FEE</u>
LEAD INSPECTOR	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250
RISK ASSESSOR	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250
LEAD ABATEMENT SUPERVISOR	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250
LEAD ABATEMENT WORKER	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250
PROJECT DESIGNER	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$250

THIS APPLICATION WILL NOT BE ACCEPTED IF SIGNATURE IS OMITTED

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo. I also attest and affirm that I will conduct lead training only in those occupations in which I have received accreditation.

SIGNATURE (TRAINING MANAGER)

DATE

