



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD TRAINING NOTIFICATION

TRAINING PROVIDER INFORMATION

The information on this form is required according to 19 CSR 30-70.320(6)(K). Please complete this form and submit it to the Missouri Department of Health and Senior Services' Lead Licensing Program (Program) when notifying the Program of lead training courses. The Program is to be notified no less than fourteen (14) calendar days prior to the training course being conducted. If the scheduled training course has been changed or canceled, the Program is to be notified twenty-four (24) hours prior to the scheduled training.

Submit the completed form by one of the following methods:

- Mail to: Missouri Department of Health and Senior Services, Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570
- Fax to: Lead Licensing Program at (573) 526-0441
- Email to: Lead Licensing Program at lead@health.mo.gov

If you have any questions about this form, please call the Lead Licensing Program at (573) 526-5873 or (888) 837-0927.

TRAINING PROVIDER INFORMATION

NAME OF LEAD TRAINING PROVIDER	DATE SUBMITTING COURSE NOTIFICATION
CONTACT NAME	CONTACT PHONE NUMBER

MISSOURI ACCREDITED COURSE NOTIFICATION (Complete for new training course notification.)

COURSE NAME <input type="checkbox"/> Worker <input type="checkbox"/> Initial <input type="checkbox"/> Refresher <input type="checkbox"/> Supervisor <input type="checkbox"/> Initial <input type="checkbox"/> Refresher <input type="checkbox"/> Inspector <input type="checkbox"/> Initial <input type="checkbox"/> Refresher <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Initial <input type="checkbox"/> Refresher <input type="checkbox"/> Project Designer <input type="checkbox"/> Initial <input type="checkbox"/> Refresher	DATE(S) OF COURSE		
	TIME OF COURSE		
COURSE LOCATION AND STREET ADDRESS	CITY	STATE	ZIP CODE
PRINCIPAL INSTRUCTOR	GUEST INSTRUCTOR (IF APPLICABLE)		

COURSE NOTIFICATION CHANGES (Complete when making changes to a previously notified training course.)

<input type="checkbox"/> CHANGED	DATE SUBMITTING CHANGE NOTIFICATION
COURSE NAME PREVIOUSLY NOTIFIED (EXAMPLE: WORKER/REFRESHER)	COURSE NAME CHANGING TO (IF APPLICABLE)
ORIGINAL DATE(S) OF COURSE	CHANGE DATE(S) OF COURSE (IF APPLICABLE)
OTHER CHANGES (IF APPLICABLE)	

COURSE NOTIFICATION CANCELLATIONS (Complete when canceling a previously notified training course.)

<input type="checkbox"/> CANCELED	DATE SUBMITTING CANCELLATION NOTIFICATION
COURSE NAME NOTIFIED (EXAMPLE: WORKER/REFRESHER)	DATE(S) COURSE WAS SCHEDULED