

RR&P TRAINING COURSE ACCREDITATION APPLICATION

****PLEASE TYPE OR PRINT IN INK****

A completed application shall consist of Parts I-IV of this application. If any required item is not submitted the application will be considered incomplete and it will be returned without being processed. Submit one application per course.

PART I. TRAINING PROVIDER

Training Provider Name:			<input type="checkbox"/> Profit	<input type="checkbox"/> Nonprofit
Street Address:				
City:	State:	Zip:		
Telephone Number: ()		Fax: ()		
Training Manager's Name:			Email:	
Contact Name and Title:			Email:	
Telephone Number: ()		Fax: ()		

PART II. COURSE INFORMATION

<input type="checkbox"/> Renovator	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	Course Language:
<input type="checkbox"/> Dust Sampling Technician	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	
<input type="checkbox"/> Attach a copy of EPA or authorized state approval letter and certificate			
<input type="checkbox"/> Copy of instructor and student manuals enclosed (See Part III, #3 Below)			

PART III. REQUIRED DOCUMENTATION (Attach with this Course Accreditation Application)

1. Training course agenda indicating topical sessions, training methods (lecture, video, practical exercise, etc.), breaks, hands-on training, lunch, exam, etc., and the amount of time allotted for each.
2. Objectives for each topic and learning task stated in terms of what the student will be able to do upon completion of the topic.
3. A legible copy of all written course materials, including student manual, instructor manual, and course hand-outs. The student manual shall include topic objectives, learning tasks, agenda, table of contents, and educational text (divided by tabs).

When using EPA model training materials, submit a letter stating that the training provider will use only the EPA model training materials, and enclose a copy of the first five pages of the instructor and student manuals that are being used for the course for which you have applied.

4. Description or copy of audio/visual materials and practical exercises employed to enhance the training, not including hands-on training. The description shall include how the materials will be used (e.g., elaborate on performance objectives, student exercise, etc.).
5. Description of the hands-on training which includes the following:
 - a. Learning/performance objectives for each activity.
 - b. Time planned for each activity.
 - c. What instructors and students will do during each activity.
 - d. Instructor to student ratio for each activity.
 - e. List of equipment.
 - f. Criteria for evaluating student proficiency for hands-on skills assessment.
6. Description of the instructional facilities and equipment:
 - a. Describe the principal training facility used for lecture, hands-on training, skills assessment, course test and provide a floor diagram.
 - b. Principal training site address.
 - c. Describe the criteria you will use in selecting a non-permanent facility.
 - d. Provide a list of equipment to be used.
7. A completed Lead Training Manager and/or Instructor Application for each instructor.
8. Names and qualifications of the individual(s) responsible for developing and revising the training course for compliance with federal and state requirements.
9. A copy of the course exam with the correct answers marked, and information regarding the course exam that includes the following:
 - a. How the exam was developed and validated.
 - b. How and how often it will be revised.
 - c. The number of questions covering each major topic, also called the exam blueprint (e.g., work practices - 3 questions, numbers 7, 28, and 41).
 - d. Procedures for administering the examination, including security measures.
 - e. Procedures for notifying student(s) of exam results (how and when).
 - f. When a hands-on component is included, provide a description of the process.
 - g. Reexamination policy if a student fails the exam.
 - h. Written policy for administration of oral exams.
10. An original course certificate sample, with the following information:
 - a. Name, address, city, state, zip of the student.
 - b. Training course title, specifying initial or refresher.
 - c. Inclusive dates of course and date of exam.
 - d. Statement that the student successfully completed the course and passed the required exam and hands-on skills assessment.
 - e. Unique certificate number.
 - f. Sample certificate with student photograph. Photos with headwear, sunglasses, or in profile are not acceptable.
 - g. Printed name and signature of the training course manager and printed name of the principal instructor.
 - h. Name, address, city, state and zip code, and telephone number of the training provider.

- i. Training course location.
 - j. Indicate the language in which course is to be taught.
11. A list of current lead training courses being taught.
12. A copy of the course quality control plan that meets the requirements of 40 CFR 745.225(c)(9).
13. Training providers applying for course accreditation, as a nonprofit organization must provide the Program with the appropriate documentation of nonprofit status. Nonprofit organizations that have been recognized by the Program are not subject to the application fee.

The application fee for training course accreditation, as required by N.C.G.S. §130A-453.17, is \$2,000.00. Enclose a check or money order. Applications will be rejected if the appropriate fee is not enclosed. Make the check or money order payable to:
NC DHHS - HEALTH HAZARDS CONTROL UNIT. **DO NOT SEND CASH.**

PART IV. OATH

I hereby acknowledge that the information contained herein and attached is true and complete. I understand that submittal of falsified information and/or documentation may result in revocation of course accreditation.

Original Signature of Training Manager

Original Signature of Principal Instructor

Printed Name of Training Manager

Printed Name of Principal Instructor

Date

Date

UNSIGNED FORMS WILL BE REJECTED

The completed application, with check or money order, should be sent to:

USPS MAILING ADDRESS:

Health Hazards Control Unit
NC DHHS – Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912

FOR EXPRESS DELIVERY SERVICES

OTHER THAN US MAIL:

Health Hazards Control Unit
NC DHHS – Division of Public Health
5505 Six Forks Road, 2nd Floor, Room D-1
Raleigh, NC 27609

For additional information: Contact us at 919-707-5950. Website: <http://epi.publichealth.nc.gov/lead/html>

**** DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY ****

Received Date: _____

Check/M.O. #: _____

Approved By: _____

Date: _____