

APPLICATION FOR LEAD ACCREDITATION OF A TRAINING PROVIDER

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

PART I. TRAINING PROVIDER

NAME: _____

TRAINING MANAGER'S NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (if different from above): _____

STATE: _____ ZIP CODE: _____ EMAIL: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

PART II. REQUIRED SUPPORTING DOCUMENTATION

Please attach the required documentation to this form. The required documentation information is included in the instructions attached to this form. Please note that the fee required by General Statute 130A-453.08 for training provider accreditation is **\$150.00**, and it is to be included as a check or money order with the completed application.

PART III. OATH

I hereby attest that all courses taught by _____ in North Carolina for certification of individuals will comply at all times with all of the requirements of the North Carolina Lead-Based Paint Hazard Management Program Rules; that said training provider is responsible for maintaining the validity and integrity of the hands-on skills assessment to ensure that it accurately evaluates the trainee(s) performance of the work practices and procedures associated with the course topics; and that said training provider will maintain the validity and integrity of the course examination to ensure that it accurately evaluates the trainee(s) knowledge and retention of the course topics.

TRAINING PROVIDER'S NAME

TRAINING PROVIDER REPRESENTATIVE'S ORIGINAL SIGNATURE

NAME PRINTED

TITLE

DATE

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

ACCREDITATION NUMBER _____ EXPIRATION DATE _____

CHECK/M.O. NUMBER _____ AMOUNT PAID _____

APPROVING SIGNATURE _____ DATE _____

INSTRUCTIONS

FOR COMPLETION OF ☐ APPLICATION FOR LEAD ACCREDITATION OF A TRAINING PROVIDER

PURPOSE

An Application for Lead Accreditation of a Training Provider shall be submitted by training providers intending to offer North Carolina accredited lead training courses as per 10A NCAC 41C .0800, Lead-Based Paint Hazard Management Program Rules. Training providers who meet the requirements of the Rules will be issued a training provider accreditation certificate.

PREPARATION

All information must be filled out completely, typed or printed in ink. Pencil is not acceptable.

INSTRUCTIONS

Enter the full name of the training provider, the name of the training manager, street address, city, state and zip code as it should appear on the training provider accreditation certificate. Please add the mailing address if it is different than the street address.

Enter the training provider's telephone and fax numbers complete with the area code.

The training provider's representative should read the OATH carefully prior to signing. Applications without signatures will not be reviewed. If any misinformation is found to exist in the application, the training provider's accreditation may be subject to revocation.

REQUIRED SUPPORTING DOCUMENTATION

The Training Provider must employ a training manager who meets the requirements of 40 CFR 745 .225(c). Therefore, you must include a completed NC Lead-Based Paint Hazard Management Program (LHMP) Training Provider/Instructor Qualification Form (Required only for initial training provider submissions, not required for annual renewal(s) submission). The LHMP must be notified of any changes in the training provider's or training manager's information immediately.

This form must also be accompanied by an Application for Lead Training Course Accreditation as provided by the LHMP. The Application for Lead Training Course Accreditation must be completed in accordance with 10 NCAC 41C .0805.

The fee for training provider accreditation, as required by 10 NCAC 41C .0809, is \$150, and should be attached to this application in the form of a check or money order. Make check or money order payable to: NC DHHS - HEALTH HAZARDS CONTROL UNIT. PLEASE DO NOT SEND CASH.

Completed Application Form with Supporting Documentation should be mailed to:

**Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, North Carolina 27699-1912**

For Overnight/Express Mail:

**Health Hazards Control Unit
NCDHHS – Division of Public Health
5505 Six Forks Rd, 2nd Floor, Room D-1
Raleigh, North Carolina 27609**