

RR&P TRAINING COURSE ACCREDITATION RENEWAL APPLICATION

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

TRAINING PROVIDER NAME: _____ <input type="checkbox"/> PROFIT <input type="checkbox"/> NONPROFIT	
STREET ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
MAILING ADDRESS: _____ (if different than above) CITY: _____ STATE: _____ ZIP: _____	
CONTACT NAME & TITLE: _____	
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____	
TRAINING MANAGER'S NAME: _____	
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____	
TRAINING COURSE TITLE: _____	
TRAINING COURSE: <input type="checkbox"/> INITIAL <input type="checkbox"/> REFRESHER	
COURSE LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER; PLEASE SPECIFY _____	
Attach additional documentation of any changes in the course and/or the primary training facility/location that have occurred since the initial or last renewal application. Changes requiring documentation include those outlined in the North Carolina Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting Rule 10A NCAC 41C .0904.	
LIST CURRENT, NC-APPROVED INSTRUCTORS, AND ATTACH COPIES OF ANY INSTRUCTOR REFRESHER TRAINING CERTIFICATES RECEIVED SINCE THE LAST RENEWAL APPLICATION: _____ _____	
The application must be submitted with the \$2,000.00 accreditation renewal fee as required by N.C.G.S. §130A-453.27. Make check or money order payable to NC DHHS - Health Hazards Control Unit. <u>DO NOT SEND CASH.</u> Submit a copy of your nonprofit status if you are applying as a nonprofit organization.	
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 _____ DATE _____	
** DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY**	
CHECK/M.O. NUMBER _____	AMOUNT PAID _____
APPROVED BY _____	DATE _____ ACCREDITATION NO. _____

INSTRUCTIONS RR&P TRAINING COURSE ACCREDITATION RENEWAL APPLICATION

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PURPOSE

The RR&P Training Course Accreditation Renewal Application shall be submitted in order to renew North Carolina course accreditation as per N.C.G.S. §130A-453.26, and Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting (LHMP-RR&P) Rule 10A NCAC 41C .0904.

PREPARATION

Submit one application per course. All information is to be filled out completely, typed or printed in ink. Pencil is not acceptable.

INSTRUCTIONS

Enter the training provider's full name and indicate if the provider is profit or nonprofit. Enter the street address, city, state and zip code. Please add the mailing address if it is different than the above street address. Enter the name and title of the contact person, telephone and fax numbers complete with the area code. Enter the email address of the contact person. Enter the training manager's full name, telephone and fax numbers complete with the area code. Enter the email address of the training manager.

Enter the title of the training course to be renewed, and indicate if it is an initial or refresher course. Enter the language in which the course is to be taught.

Enter current, NC-approved instructors, and attach copies of any instructor refresher training certificates received since the last renewal application.

The training manager should read the statement above their signature carefully. If any misinformation is found to exist in the application, the training provider's accreditation is subject to revocation. The application shall be signed and dated by the training manager, in ink. Applications without original signatures will be rejected. Forms received by fax or electronic mail will not be accepted.

REQUIRED SUPPORTING DOCUMENTATION

Submit, as necessary, documentation of changes to the training course for review and approval purposes. Also, submit information related to changes to the primary training facility and/or primary training location.

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 renewal accreditation, as required by N.C.G.S. §130A-453.27, 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.**

A completed application form, with supporting documentation, 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 the HHCU at 919-707-5950.

Website: <http://www.epi.state.nc.us/epi/lead/lhmp.html>