

RR&P TRAINING PROVIDER ACCREDITATION APPLICATION

PLEASE TYPE OR PRINT IN INK

PART I. TRAINING PROVIDER INFORMATION

Initial Accreditation Renewal Accreditation Profit Nonprofit

TRAINING PROVIDER NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

(if different than above)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

TRAINING MANAGER NAME: _____ EMAIL: _____

TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

CONTACT NAME & TITLE: _____ EMAIL: _____

TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

IF RENEWAL, LIST ACCREDITATION NUMBER: _____

PART II. REQUIRED SUPPORTING DOCUMENTATION

Indicate supporting documentation submitted with this application (as necessary):

- Training Manager and/or Instructor Application (Initial Approval Only)
 Training Course Accreditation Application (Initial Approval Only)
 Nonprofit Documentation
 Training Provider Accreditation Fee (\$150.00) Check Money Order

(Note: application fees do not apply to Nonprofit Training Providers)

PART III. OATH

I hereby attest that, all courses taught by _____ in North Carolina for certification of individuals will comply at all times with the North Carolina Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting in accordance with N.C.G.S. §130A-453.22 and 10A NCAC 41C .0900. I affirm that the information included on this application is true and accurate to the best of my knowledge. I attest that a full disclosure of any action by EPA or any EPA-authorized program involving violations, suspensions, revocations, or modifications of this firm's lead-based paint activities is attached.

ORIGINAL SIGNATURE OF TRAINING MANAGER

DATE

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

CHECK/M.O. NUMBER _____ AMOUNT PAID _____
HHCU Personnel _____ ACCREDITATION NO. _____

INSTRUCTIONS

RR&P TRAINING PROVIDER ACCREDITATION APPLICATION

PLEASE TYPE OR PRINT IN INK

PURPOSE

The RR&P Training Provider Accreditation Application shall be submitted by training providers intending to offer North Carolina accredited Lead-Based Paint Renovation, Repair, and Painting training courses as required by the Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting Rules 10A NCAC 41C .0900. 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

Indicate if this is an initial or renewal accreditation. Indicate the training provider's status as a profit or nonprofit organization. Enter the training provider's full name, street address, city, state, zip code. Enter the mailing address if it is different than the above street address. Enter the training provider's telephone and fax numbers complete with the area code. Enter the name of the training manager, email address, telephone and fax numbers complete with the area code. Enter the name and title of the contact person, email address, telephone and fax numbers complete with the area code.

For renewal applications enter the accreditation number.

REQUIRED SUPPORTING DOCUMENTATION

The training provider shall employ a training manager who meets the requirements of 40 CFR 745.225(c). Therefore, you must include a completed Lead Training Manager and/or Instructor Application (required only for initial approval of training manager or instructor). The Health Hazards Control (HHC) must be notified of any changes to the training manager or principal instructor information.

The Initial RR&P Training Provider Accreditation Application must also be accompanied by the Training Course Accreditation Application.

Training providers applying for 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 annual training provider accreditation as required by N.C.G.S. §130A-453.27, is \$150.00. 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. **DO NOT SEND CASH.** (Application fees do not apply to nonprofit training providers).

OATH

The training manager should read the OATH carefully prior to signing and dating. The application shall be signed and dated by the training manager, in ink. An original signature is required on the application. Forms received by fax or electronic mail will not be accepted. Incomplete applications will be rejected. If any misinformation is found to exist on the application, the training provider's accreditation may be subject to revocation.

The completed application form, with supporting documentation, should be sent to:

USPS MAILING ADDRESS:

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

For additional information: Contact the HHC at 919-707-5950.

Website: <http://epi.publichealth.nc.gov/lead.html>