

## RRP TRAINING MANAGER AND/OR INSTRUCTOR APPLICATION

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

Check as applicable:

- ☐ Training Manager  
☐ Principal Instructor  
☐ Guest Instructor

Check as applicable:

- ☐ Submitted with Training Course  
Accreditation Application  
☐ Addition of New Instructor

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### PART I. PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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### PART II. TRAINING COURSES AND TOPICS TO BE TAUGHT

Training Provider: \_\_\_\_\_

Training Course Discipline and Type (e.g., Renovator Initial, Renovator Refresher): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language(s): \_\_\_\_\_

Topic(s) to be taught by applicant in the course(s) named above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### PART III. EDUCATION

List in chronological order beginning with high school or GED if applicable. Attach a copy of each diploma.

Name and Location of Institution	Dates Attended From: To:	Graduated? (Yes/No)	Degree Received	Major/Minor

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## PART IV. TRAINING

List the training courses completed which would qualify you to teach the topic(s) or course(s) listed in Part II. Attach a copy of each training certificate and any additional information as necessary.

Title of Course	Date(s) Attended	Location (City/State)	Training Provider

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## PART V. EMPLOYMENT HISTORY

List your applicable work experience starting with the current or last employer. Attach additional sheets as necessary.

Employer\_\_\_\_\_Address\_\_\_\_\_

Job Title\_\_\_\_\_Supervisor\_\_\_\_\_Telephone\_\_\_\_\_

Dates of Employment: (From)\_\_\_\_\_ (To)\_\_\_\_\_

Describe major duties and responsibilities:

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Employer\_\_\_\_\_Address\_\_\_\_\_

Job Title\_\_\_\_\_Supervisor\_\_\_\_\_Telephone\_\_\_\_\_

Dates of Employment: (From)\_\_\_\_\_ (To)\_\_\_\_\_

Describe major duties and responsibilities:

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## PART VI. TEACHING EXPERIENCE

List courses and/or topics taught which will document your teaching experience as outlined in 40 CFR 745.225. Attach additional sheets as necessary.

Type of Training and/or Course Title \_\_\_\_\_

Company \_\_\_\_\_

Address/Location \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Dates (From) \_\_\_\_\_ (To) \_\_\_\_\_

Include Details of the Training/Courses:

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Type of Training and/or Course Title \_\_\_\_\_

Company \_\_\_\_\_

Address/Location \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Dates (From) \_\_\_\_\_ (To) \_\_\_\_\_

Include Details of the Training/Courses:

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## PART VII. LIST ALL LEAD CERTIFICATIONS OR LICENSES HELD

Discipline: \_\_\_\_\_ Issued by: \_\_\_\_\_ No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Discipline: \_\_\_\_\_ Issued by: \_\_\_\_\_ No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Discipline: \_\_\_\_\_ Issued by: \_\_\_\_\_ No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Discipline: \_\_\_\_\_ Issued by: \_\_\_\_\_ No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## PART VIII. PROFESSIONAL REGISTRATIONS

Registration: _____	Issued by: _____	No: _____
Registration: _____	Issued by: _____	No: _____
Registration: _____	Issued by: _____	No: _____
Registration: _____	Issued by: _____	No: _____

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## PART IX. SUBMITTALS TO EPA OR OTHER STATES

List the EPA Region(s) or State(s) to whom your qualifications have been previously submitted as a lead training manager or instructor and specify for which course(s) and topic(s) your qualifications were submitted.

EPA Region/State: _____	Course: _____	Topics: _____
EPA Region/State: _____	Course: _____	Topics: _____
EPA Region/State: _____	Course: _____	Topics: _____

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## PART X. OATH

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

Original Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Unsigned Forms Will Be Rejected**

**The 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, 2<sup>nd</sup> Floor, Room D-1  
Raleigh, NC 27609

For additional information: Contact us on 919-707-5950.  
Website: <http://www.epi.state.nc.us/epi/lead/lhmp.html>

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

Application Received Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_