

## APPLICATION FOR LEAD TRAINING COURSE RENEWAL

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

<b>TRAINING PROVIDER NAME:</b> _____		<input type="checkbox"/> Profit	<input type="checkbox"/> Non-Profit
<b>STREET ADDRESS:</b> _____	<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>MAILING ADDRESS:</b> _____	<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>CONTACT'S NAME &amp; TITLE:</b> _____			
<b>TRAINING MANAGER'S NAME:</b> _____			
<b>PRINCIPAL INSTRUCTOR'S NAME:</b> _____			
<b>PHONE NUMBER:</b> _____	<b>FAX NUMBER:</b> _____	<b>EMAIL:</b> _____	
<b>TRAINING COURSE TITLE:</b> _____			
<b>TRAINING COURSE LOCATIONS:</b> _____ _____ _____			
<b>COURSE WILL BE TAUGHT IN:</b> ( ) ENGLISH    ( ) SPANISH    ( ) OTHER; PLEASE SPECIFY _____			
<b>DATE OF INITIAL ACCREDITATION:</b> _____			
<b>NAME OF INITIAL ACCREDITING AGENCY:</b> _____			
<b>A CURRENT INSTRUCTOR'S QUALIFICATIONS FORM MUST BE SUBMITTED FOR EACH INSTRUCTOR. LIST CURRENT INSTRUCTORS:</b> _____ _____ _____			
<b>IF ANY CHANGES IN THE COURSE HAVE OCCURRED SINCE INITIAL ACCREDITATION, ATTACH ADDITIONAL SHEETS DOCUMENTING THE CHANGES. CHANGES REQUIRING DOCUMENTATION INCLUDE THOSE OUTLINED IN THE NORTH CAROLINA LEAD-BASED PAINT HAZARD MANAGEMENT PROGRAM RULE 10A NCAC 41C .0805.</b>			
<b>THIS APPLICATION MUST BE SUBMITTED WITH A CHECK OR MONEY ORDER FOR \$500.00. CHECKS OR MONEY ORDERS MUST BE MADE PAYABLE TO NCDHHS - HEALTH HAZARDS CONTROL UNIT</b>			
<b>I certify that the information contained herein and attached is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of approval.</b>			
<b>PRINTED/TYPED NAME:</b> _____		<b>TITLE:</b> _____	
<b>SIGNATURE:</b> _____		<b>DATE:</b> _____	
<b>SUBMIT TO:</b> HEALTH HAZARDS CONTROL UNIT NCDHHS – DIVISION OF PUBLIC HEALTH 1912 MAIL SERVICE CENTER RALEIGH, NC 27699-1912		<b>**DO NOT WRITE BELOW THIS LINE—FOR DEPARTMENT USE ONLY**</b> <b>Received Date:</b> _____ <b>Check No. &amp; Date:</b> _____ <b>HHCU Personnel:</b> _____	

## **INSTRUCTIONS**

### **FOR COMPLETION OF "APPLICATION FOR LEAD TRAINING COURSE RENEWAL"**

#### **PURPOSE**

An Application for Lead Training Course Renewal shall be submitted in order to renew North Carolina accreditation for a lead course per 10A NCAC 41C .0800, Lead-Based Paint Hazard Management Program (LHMP) Rules.

#### **PREPARATION**

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, street address, city, state and zip code as it should appear on the certificate of approval. Please add the mailing address if it is different than the street address. List the names of the training provider primary contact, the training manager, and the principal instructor. Enter the firm's telephone and fax numbers complete with area code.

Next, enter the title of the course to be renewed (e.g., Lead Inspector Refresher), and the location(s) at which it will be taught. Enter the language in which the course is to be taught. Then, list the date of initial course accreditation and the name of the agency which initially accredited the course.

Next, provide a list of the instructors currently used by the training provider.

Finally, the training provider's representative should read the statement above the signature carefully. If any misinformation is found to exist in the application, the training provider's accreditation may be subject to revocation. The application shall be signed and dated by the training provider's representative. Applications without signatures will not be reviewed.

#### **REQUIRED SUPPORTING DOCUMENTATION**

If any changes in the course have occurred since initial accreditation, attach additional sheets documenting the changes. Changes requiring documentation include those outlined in NC LHMP Rule .0805.

Enclose a check or money order for \$500.00. Make check or money order payable to: NCDHHS - 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**