

## APPLICATION FOR LEAD TRAINING COURSE ACCREDITATION

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

A completed application shall consist of Parts I-IV of this application form. Any item not submitted shall constitute an incomplete application and the application will be returned without being processed.

### PART I. TRAINING PROVIDER

Name: : <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	
Address:	
Training Manager's Name:	Telephone:

### PART II. COURSE INFORMATION

Course Type (e.g., Inspector Refresher) :	Language:
Principal Training Site Address:	

### PART III. REQUIRED DOCUMENTATION (Attach to this Application Form)

1. Training course agenda indicating topical sessions, training methods (lecture, video, practical exercise, etc.), breaks, hands-on training, lunch, examination, etc., and the amount of time allotted for each.
2. Objectives for each topic and learning tasks stated in terms of what the student will be able to do upon completion of the topic.
3. A legible copy of all written course materials, including student manual, instructor manual, and course hand-outs. Student manual shall include topic objectives, learning tasks, agenda, table of contents, and educational text (divided by tabs). The student manual for the worker and worker refresher courses may consist of a pamphlet containing key points on workers' rights, personal protection, prohibited work practices, and information on certification procedures.
4. Description or copy of audio/visual materials and practical exercises employed to enhance the training, not including hands-on training. Description shall include how the materials will be used (e.g., guide instructor, elaborate on performance objectives, student exercise, etc.).
5. Description of the hands-on training which includes the following:
  - a. Learning/performance objectives for each activity
  - b. Time planned for each activity
  - c. What instructors and students will do during each activity
  - d. Instructor to student ratio for each activity
  - e. List of equipment
  - f. Criteria for evaluating student proficiency for hands-on skills assessment purposes

6. Description of the instructional facilities and equipment
7. A completed Instructor Qualification Form for each instructor. The criteria for the instructors are outlined in the North Carolina Lead-Based Paint Hazard Management Program Rules, 10A NCAC 41C .0805(f).
8. Name and qualifications of the individual(s) responsible for developing and revising the training course for compliance with federal and state requirements.
9. A copy of the course examination with the correct answers marked, and information regarding the course exam that includes the following:
  - a. How the examination was developed and validated
  - b. How and how often it will be revised
  - c. The number of questions covering each major topic (e.g., XRF Use - 3 questions, numbers 7, 28, and 41.).
  - d. Procedures for administering examination, including security measures
  - e. Procedures for notifying student of examination results (how and when)
  - f. Copy of sample examination with correct answers indicated
  - g. If a hands-on component is included, a description of the process
  - h. Reexamination policy if a student fails the exam
10. A sample certificate of completion with the following information:
  - a. Name, address, and social security number of the student
  - b. Training course title, specifying initial or refresher
  - c. Inclusive dates of course and date of examination
  - d. Statement that the student successfully completed the course and passed the required examination and hands-on skills assessment
  - e. Unique certificate number
  - f. Printed name and signature of the training course manager and printed name of the principal instructor
  - g. Name, address and telephone number of the training provider
  - h. Training course location
  - i. Language in which course is to be taught
11. A list of accredited lead training courses currently being provided for certification of individuals
12. A copy of the course quality control plan that meets the requirements of 40 CFR 745 .225(c)(9).
13. The fee required by G.S. 130A-453 for initial course accreditation shall be submitted with this application and shall be in the form of a check or money order for \$1500.00, made payable to NCDHHS-Health Hazards Control Unit. DO NOT SEND CASH. The course accreditation fee imposed under this section does not apply to a course offered by the State, a unit of local government, or a nonprofit entity.
14. As per 10 NCAC 41C .0805 (a), a training provider who has a course accredited by a state, tribe, or territory that has a written reciprocating agreement with the Program shall submit the above listed documentation in order for that same course to become accredited by the Program. HOWEVER, the fee for course accreditation in this instance is \$1000.00, in the form of a check or money order, made payable to NCDHHS-Health Hazards Control Unit. DO NOT SEND CASH. The course accreditation fee imposed under this section does not apply to a course offered by the State, a unit of local government, or a nonprofit entity.

#### **PART IV. CERTIFICATE OF COMPLIANCE**

I certify 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.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Training Manager

\_\_\_\_\_  
Signature of Principal Instructor

\_\_\_\_\_  
Printed Name of Training Manager

\_\_\_\_\_  
Printed Name of Principal Instructor

Please list other instructors here:

**Completed application and check or money order should be mailed to:**

**Health Hazards Control Unit  
NC DHHS – Division of Public Health  
1912 Mail Service Center  
Raleigh NC 27699-1912**