

Check one as applicable:

\_\_\_\_\_ Training Manager  
\_\_\_\_\_ Principal Instructor  
\_\_\_\_\_ Instructor

Check one as applicable:

\_\_\_\_\_ Submittal with Application Lead  
for Training Course Approval  
\_\_\_\_\_ Addition of New Instructor

## LEAD TRAINING MANAGER'S AND/OR INSTRUCTOR'S QUALIFICATIONS FORM

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

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### PART I. PERSONAL DATA

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

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

Applicants Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax No. \_\_\_\_\_ U.S. Citizen (Y/N): \_\_\_\_\_

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

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

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

Topic(s) to be taught by instructor in course named above:

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### PART III. EDUCATION

List in chronological order beginning with high school. Include GED if applicable.

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

**PART IV. TRAINING**

List relevant training completed which would qualify you to instruct the topic(s) listed in Part II (e.g. lead, health & safety courses). Attach a photocopy of each training certificate. Attach additional sheets as necessary.

Title of Course	Date(s) Attended	Location (city/state)	Training Provider

**PART V. A. EMPLOYMENT HISTORY**

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

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

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

Dates Employed (From)\_\_\_\_\_ (To)\_\_\_\_\_ If not employed full time, number of years/months \_\_\_\_\_

Describe major duties and responsibilities in order of their importance in the job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_ If not employed full time, number of years/months \_\_\_\_\_

Describe major duties and responsibilities in order of their importance in the job: \_\_\_\_\_

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## **PART V. B. FIELD EXPERIENCE HISTORY**

List projects that can provide documentation of work hours within a contained area, or list topics and/or courses taught to document hours of teaching experience for applicable courses. The criteria for instructors are outlined in the North Carolina Lead-Based Paint Hazard Management Rules, 10A NCAC 41C .0805. Attach additional sheets as necessary.

Project or Course \_\_\_\_\_ Company \_\_\_\_\_

Address/Location \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

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

Describe major duties and responsibilities:

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Project or Course \_\_\_\_\_ Company \_\_\_\_\_

Address/Location \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

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

Describe major duties and responsibilities:

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## **PART VI. STATE-ISSUED LEAD CERTIFICATION OR LICENSES**

List those currently held.

Discipline: _____	State: _____	No.: _____	Expiration Date: _____
Discipline: _____	State: _____	No.: _____	Expiration Date: _____
Discipline: _____	State: _____	No.: _____	Expiration Date: _____
Discipline: _____	State: _____	No.: _____	Expiration Date: _____
Discipline: _____	State: _____	No.: _____	Expiration Date: _____

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## **PART VII. PROFESSIONAL REGISTRATIONS**

List field(s) of work for which you have been registered.

Registration: _____	State: _____	No.: _____
Registration: _____	State: _____	No.: _____
Registration: _____	State: _____	No.: _____

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## **PART VIII. 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 instructor and specify for which course(s) and topic(s) your qualifications were submitted.

EPA Region/State: _____	Course: _____	Topic: _____
EPA Region/State: _____	Course: _____	Topic: _____
EPA Region/State: _____	Course: _____	Topic: _____
EPA Region/State: _____	Course: _____	Topic: _____

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## **PART IX. CERTIFICATION**

I certify that the information contained herein and attached hereto is true and complete. I understand that submittal of falsified information and/or documentation may lead to revocation of approval.

Original Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

(Unsigned form will not be reviewed)