

Application For Training Provider Accreditation, Course and Instructor Approval

Instructions: Type or print all information clearly. Complete both sides of this form. This form must be accompanied by documentation of your operational, personnel and/or courseware information as well as documentation that you are in compliance with other relevant regulations (see back of form).

1. Applicant Information:

Training Provider Name: _____

Street Address: _____
(Principal Place of Business) Street Name and Number, Suite No.

_____ City State Zip

Mailing Address: _____
(if different from above) P.O. Box / Street Name and Number, Suite No.

_____ City State Zip

Phone: (____) ____ - _____

Fax: (____) ____ - _____

e-mail: _____

Website: _____

2. Training Director, or Instructor Information:

Name: _____
Last First Middle Initial

Street Address: _____
(Principal Place of Business) Street Name and Number, Suite No.

_____ City State Zip

Mailing Address: _____
(if different from above) P.O. Box / Street Name and Number, Suite No.

_____ City State Zip

Phone: (____) ____ - _____

Fax: (____) ____ - _____

e-mail: _____

3. Type of Application: Check the circle(s) for the accreditation and/or course approvals you want.

Course Approvals

Training Provider Accreditation
(For new training providers only)

Inspection/Assessment

Instructor Approval

Certified Industrial Hygienist

Supervision & Project Monitoring

Guest Instructor Approval

Supplemental Supervision & Project Monitoring

Work

New Course Approval
(Check appropriate boxes at right)

Work (Spanish)

Continuing Education for Workers

Continuing Education for Workers (Spanish)

General Continuing Education

Sampling Technician

4. ACCREDITATION APPLICATION

a. Operational Information: Enclose the following operational information:

- (1) A description of the training facility (including classroom, hands-on and field site), equipment, and equipment storage;
- (2) A description of record keeping procedures.
- (3) A quality control plan, including:
 - Procedures for periodic revision of training materials and exams to reflect innovations in the field and/or changes to laws and regulations.
 - Procedures for the training director's annual review of instructor competency, including teaching ability, knowledge of lead-related construction, and compliance with course requirements.

b. Training Director Information:

- (1) Name of the Training Director and contact information.
- (2) Documentation of Training Director's qualifications including:
 - Two years of experience administering training programs, or two years of experience teaching or training adults;
 - Completion of a minimum 40 hour train-the-trainer course, or two years of experience teaching or training adults, or an associate degree or higher in education from a postsecondary educational institution;
 - Bachelor or graduate-level degree in building construction technology, engineering, industrial hygiene, safety, or health, or two years of experience managing an environmental or occupational health and safety program; and
 - Completion of a minimum of 24 contact hours of required lead-related instruction.

c. Compliance with Other Relevant Regulations:

Enclose the following information with the application:

- (1) Documentation of approval under Section 94915, or exemption under Section 94739, or disclosure under Section 94931, of the California Education Code, as applicable; and
- (2) Documentation of compliance with any radiological licensing, storage, and use requirements of the Department of Public Health, Radiological Health Branch.

5. INSTRUCTOR INFORMATION

a. Full Instructors:

- (1) Name of the instructor.
- (2) Course(s) or topic(s) the instructor will teach.
- (3) Documentation of instructor's qualifications including:
 - Completion of a 40 hour train-the-trainer course, or a minimum of one year of experience teaching or

training adults, or have an associate degree or higher in education from a postsecondary educational institution;

- Completion of a minimum of 24 contact hours of required lead-related construction instruction;
- A minimum of one year of experience related to health, safety, or regulatory aspects of lead-related construction in the topic area he/she will teach, or one year of lead-related construction experience in the topic area he/she will teach.

b. Hands On Instructors:

- (1) Provide documentation of a minimum of two years of lead-related construction or related experience in the topic area he/she will teach.
- (2) Meet other requirements for full or guest instructors, as appropriate.

c. Guest Instructors (30% of instruction or less):

Enclose the following information about each guest instructor:

- (1) Name of the instructor.
- (2) Course(s) or topic(s) the guest instructor will teach.
- (3) Documentation of guest instructor's qualifications including:
 - A minimum of one year of experience related to the subject matter he/she teaches.

6. COURSE INFORMATION

a. Courseware: Enclose the following information with this application for each course and/or continuing education instruction.

- (1) One copy of the entire course or continuing education curriculum, including learning objectives, student and instructor manuals, handouts, quizzes, homework, and student course evaluation forms;
- (2) A syllabus with the length and sequence of topics to be covered during the course(s) or continuing education instruction along with the type of instruction (description of hands-on, IPT, etc.),
- (3) A statement of the student-to-instructor ratio during hands-on training;
- (4) A description of the audio/visual aids to be used for each major topic.

b. Final Examination Information: Enclose the following information with this application for each course and/or continuing education instruction.

- (1) List of skills and knowledge to be tested.
- (2) One copy of the entire final examination and correct answers, including demonstration testing.
- (3) One copy of the student examination score sheet or other record; and
- (4) One copy of each retake examination and correct answers.

I hereby certify, under penalty of perjury, that the information provided in this application is true and correct.

Name: _____ Title: _____
Please Print or Type

Signature: _____ Date Signed: ____/____/____

Mail Your Application To:
California Department of Public Health
Childhood Lead Poisoning Prevention Branch
850 Marina Bay Parkway, Building P, Third Floor, Box A
Richmond, CA 94804-6403

Notify the Department within 30 calendar days if your address or phone number changes.

