



# STATE OF CONNECTICUT

## Department of Public Health

### Lead Training Course Application

#### Section A. Applicant Information

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

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

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

#### Section B. Lead Training Courses

*Please check courses that you are requesting approval for.*

	Initial	*Refresher
Lead Inspector		
Lead Inspector Risk Assessor		
Lead Planner-Project Designer		
Lead Abatement Supervisor		
Lead Abatement Worker		
Lead Abatement Worker- Spanish		

*\*Please note that in order to be approved for any refresher course you must also be seeking or already approved for the initial course CGS§ 20-477(b)2.*

#### Section C. Fees

*Fees are in accordance with CGS§ 20-477(a)*

Cost for each Initial Course **\$1250.00**

Total Amount for Initial Courses \$ \_\_\_\_\_

Cost for each Refresher Course **\$315.00**

Total Amount for Refresher Courses \$ \_\_\_\_\_

*\*Please write separate checks for initial and refresher courses.*

## Section D. Qualifications for Training Manager

Training Manager's Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>Training Manager Requirements:</b>	<b>Acceptable Supporting Documentation that must be submitted:</b>
<input type="checkbox"/> Two years of classroom experience teaching workers or adults          <b>-OR-</b>	<input type="checkbox"/> Resume <b>-OR-</b>  <input type="checkbox"/> Letter of Reference  <b>-OR-</b>  <input type="checkbox"/> License and/or certification as verification of meeting experience requirements
<input type="checkbox"/> Bachelor's or Graduate Degree          <b>-OR-</b>	<input type="checkbox"/> Official Academic Transcript  <b>-OR-</b>  <input type="checkbox"/> Copy of Degree in one of the following : <i>-building construction technology</i> <i>-engineering</i> <i>-industrial hygiene safety</i> <i>- public health or another scientific discipline</i>
<input type="checkbox"/> Four years' experience managing a training program specializing in environmental hazards	<input type="checkbox"/> Resume  <b>-OR-</b>  <input type="checkbox"/> Letter of Reference  <b>-OR-</b>  <input type="checkbox"/> License and/or certification as verification of meeting experience requirements

## Section E. Qualifications for Principal Instructor

Per Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services section C(2) states: "The Principal Instructor shall be responsible for the organization of the course and the oversight of the teaching of all course material."

1. Principal Instructor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Principal Instructor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Principal Instructor's Requirements:	Acceptable Supporting Documentation
<input type="checkbox"/> 24 hours of Lead specific training  <p style="text-align: center;"><b>-AND-</b></p>	<input type="checkbox"/> Course completion certificate from lead training course  <p style="text-align: center;"><b>-AND-</b></p>
<input type="checkbox"/> Two years' experience in relevant construction trade including but not limited to: <i>-Lead abatement</i> <i>-Asbestos abatement</i> <i>-Painting</i> <i>-Carpentry</i> <i>-Renovation and Remodeling</i>	<input type="checkbox"/> Resume <p style="text-align: center;"><b>-OR-</b></p> <input type="checkbox"/> Letter of Reference  <p style="text-align: center;"><b>-OR-</b></p> <input type="checkbox"/> License and/or certification as verification of meeting experience requirements

## Section F. Qualifications for Work Practice Instructor

1. Work Practice Instructor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Work Practice Instructor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Work Practice Instructor's Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>Work Practice Instructor's Requirements:</b>	<b>Acceptable Supporting Documentation</b>
<input type="checkbox"/> 24 hours of Lead specific training  <p style="text-align: center;"><b>-AND-</b></p>	<input type="checkbox"/> Course completion certificate from lead training course  <p style="text-align: center;"><b>-AND-</b></p>
<input type="checkbox"/> Three years' experience in relevant construction trade including but not limited to: <i>-Lead abatement</i> <i>-Asbestos abatement</i> <i>-Painting</i> <i>-Carpentry</i> <i>-Renovation and Remodeling</i>	<input type="checkbox"/> Resume  <p style="text-align: center;"><b>-OR-</b></p> <input type="checkbox"/> Letter of Reference  <p style="text-align: center;"><b>-OR-</b></p> <input type="checkbox"/> License and/or certification as verification of meeting experience requirements

## Section G. Course Materials

Per Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services section B(7), The following documents must be submitted:

- List of topics/skill areas to be taught by each Instructor
- Copy of agenda including time allotted for each topic
- Copy of student manual
- Copy of instructor manual (*only if different than student manual*)
- Copy of visual aids used to present materials (*example: power point slides*)

## Section H. Course Exam

Per Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services section B(8), The following documents must be submitted:

- Copy of course exam (*minimum of 20 questions*)
- Description of methods used to validate course exam
- Procedures used to maintain security of course exam

## Section I. Course Certificate

Per Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services section B(12), A template of the course completion certificate must be submitted and include the following fields:

- Unique certificate number
- Name of individual
- Address of individual
- Name of the course
- Date the course was offered
- Date the exam was successfully completed with a passing grade
- Name, address, and telephone number of training provider
- Statement signed by Training Manager that certifies the training complies with requirements of Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services.

## Section J. Facility and Hands on Training Requirements

Per Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services section B(9 & 10), The following documentation must be submitted:

Description of facility

Description of equipment available for lecture and hands-on training

Description of the procedures to be used to conduct hands-on training

## Section K. Quality Control Plan

Per Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation Services section B(11), The following documentation must be submitted:

Procedure for periodic revision of training materials to reflect innovations in the field

Procedure for periodic revision of course examination to reflect innovations in the field

Procedure for the Training Manager's annual review of instructor competency

## Section L. Certification Statement

I certify that the training program described in sections A through L of this application, including any attachments, meets the requirements established under Connecticut General Statutes §20-477 and Connecticut Department of Public Health Standards for the Approval of Training Courses and Refresher Training Courses in Lead Abatement or Lead Consultation services. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any approval issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval. I also attest and affirm that I will maintain my approval(s) according to CGS § 20-477(a) and conduct lead-based paint training only in those disciplines and locations in which I have received approval.

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Training Manager Signature

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Date

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Training Manager Name Printed

### Mailing Address

CT Dept. of Public Health  
Environmental Practitioner Licensing  
410 Capitol Ave, MS# 12MQA  
PO Box 340308  
Hartford, CT 06134-0308