



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS Training Provider Course Application

Application: (check)

RE-APPROVAL, course expiration date: _____

Fees: INITIAL: \$625.00

REFRESHER: \$315.00

Please write one check for all initial courses, and one check for all refresher courses.

State and municipal agencies and non-profit organizations are exempt. Please submit a copy of an official state or federal document verifying 501(c)(3) status.

Today's Date: _____

F.E.I.N.# _____

Training Provider Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Training Manager: _____

Principal Instructor: _____ **Work Practice Instructor:** _____

List all your current DPH-approved instructors (use additional sheet if needed)

Connecticut Training Site (if different from above)

Address: _____

City, State, Zip: _____ **Telephone:** _____

<u>Training Course</u>	<u>Initial</u>	<u>Refresher</u>
Asbestos Worker	_____	_____
Asbestos Supervisor	_____	_____
Asbestos Inspector	_____	_____
Asbestos Management Planner	_____	_____
Asbestos Project Monitor	_____	_____
Asbestos Project Designer	_____	_____



Phone: (860) 509-7559, fax: (860) 509-7295
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12MQA
PO Box 340308, Hartford, CT 06134-0308
Affirmative Action / Equal Opportunity Employer

Training Course Name: _____

Required Information for Course Approval:

1. A list of the topics/skill areas taught by each instructor.
2. Resume with education, experience, training, credentials, qualifications and references for the Training Manager and each instructor. Please identify those who are solely work-practice instructors.
3. Course Outline showing topics, time allocated for each topic, time allocated to each type of hands-on training and the length of the training day. For initial courses, please provide a syllabus for each day. On a separate sheet of paper, please detailing the following:
4. A copy of the course manuals for instructors and students, including all printed materials to be distributed in the course
5. A description of the hands-on training facility to be utilized, including the protocol of instruction, number of students to be accommodated and the number of instructors;
6. A description of the background, training, and experience of the faculty providing the refresher training, including instructors' names and qualifications
7. A description of the equipment that will be used in both classroom lectures and in hands-on training;
8. A detailed statement about the development of the examination as used in the course;
9. Quality control for exam security and course records
10. A copy of the course examination, showing the standard length, format, and required passing score.
11. A list of the tuition required;
12. A sample copy of the written documentation given to course participants upon successful completion of the course;
13. An example of the numbered documents of accreditation issued to students who attend the course and pass the examination
14. Verification of Refresher course eligibility. In order for a person to receive a Refresher certificate, s/he shall present full training history confirming less than two years between the issuance of each certificate. Document your protocol for verification.
15. Methodology of exam development. Exam should adequately test the technical information and skills required for a student to competently and confidently conduct themselves the following day at the job site. Provide the number of questions allotted for each subject in the syllabus, total number for each question format (*fill-in-the-blank, multiple choice, problem-solving, true/false, etc.*). Methods used to maintain security of the course examination.
16. A sample copy of the certificate given to course participants when they pass the course exam
17. Training providers based outside of Connecticut must also submit copies of applicable state or federal approvals including the name, address, and telephone number of the department or agency granting such approval.
18. Any additional information

Note: Please refer to § 20-440-7 "training curriculum" for specific requirements for the asbestos disciplines.

Training Course Name: _____

I, _____ Training Manager do hereby attest that the training course for which application is herein made complies with the requirements of the Connecticut Department of Public Health as established by applicable statute and regulation. The department shall be notified in advance of any proposed modification to the training course as described within this application.

In the event that the training provider ceases to do business, all records required by regulation shall be transferred to the department.

The department shall be notified a minimum of ten (10) days in advance of any scheduled presentation of the training course or refresher training course in the State of Connecticut.

Date

Signature of Training Manager