

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Training Course Completion List

(The training provider shall submit this information to DPH within 30 days of the conclusion of the course, in accordance with \$20-440-8(b)(2), "Training provider administrative tasks and certification requirements," \$20-477(g)(2), "Training Courses," (Regulations of CT State Agencies))

<u> </u>	COURSE:		INITIAL	REFRESHER			
ASBESTOS	COURSES:	Worker	Supervisor	Project Monitor	Project Designer	_ Inspector	_ Mgmt Planne
EAD COU	RSES:	Worker	Supervisor	Planner-Project Designer	Inspector	_ Inspector Risk /	Assessor
TRAINING F	PROVIDER:				TELEPHONE NUMBER:		
COURSE LO	OCATION:				0011000000		
PRINCIPAL	INSTRUCTOR:						
			TF	RAINING COURSE PARTIC	CIPANTS		
		IAME		ADDRESS	TELEPHONE	CERTIFICA	TION #