



# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH LEAD Consultant Certification Application

## General Policies and Procedures

**IMPORTANT:** THE DEPARTMENT **WILL NOT REVIEW** HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT IS RECEIVED. STAFF IS NOT AVAILABLE FOR UNSCHEDULED “WALK-IN” MEETINGS. FOR QUESTIONS, PLEASE EMAIL [dph.ehlicensing@ct.gov](mailto:dph.ehlicensing@ct.gov)

### 1. Fees

The fee for an initial certification covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Certifications are renewed annually during the applicant’s month of birth. Renewal is in the **first** birth month immediately following the issuance of the certification, (*even if it is in the same year*) and annually thereafter. The full renewal fee will be required regardless of the date of initial certification.

No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to, “TREASURER, STATE OF CONNECTICUT” in United States dollars. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for one year, after which they will be destroyed in accordance with the agency’s record retention schedule.

### 2. Status Checks

It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.** Applicants can check the status of their application and submission of supporting documentation at: <https://www.elicense.ct.gov/> or email: [dph.ehlicensing@ct.gov](mailto:dph.ehlicensing@ct.gov)

### 3. Certification Issuance

After all documents have been received, the professional staff will evaluate each application in the order it was received. Upon approval, the applicant shall receive written verification of the certification number and the effective date. The three part certification documents shall be sent to the applicant's address of record within 4-6 weeks after approval.

### 4. Requirements

Certification requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current certification requirements.

### 5. Examinations

Certification examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

### 6. Social Security Numbers

The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(A)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

(over, please)

## Requirements for all Lead Consultant Disciplines

1. Each application shall be notarized with photograph, and fee of \$50.00 in the form of a certified bank check or money order payable to "Treasurer, State of Connecticut." Use a separate application for each discipline for which you are applying; **AND**
2. A legible copy of initial and, if applicable, current refresher certificate from a CT-approved training provider or US EPA-approved training provider (if credentialed in another state). If credentialed in another state, provide a copy of the other state's current lead credential, initial and current refresher training certification(s) from the US EPA-approved training provider.
3. Please be aware that if you wish to work independently, then you are required to obtain a Lead Consultant Contractor license. Otherwise, you are required to be employed by a DPH licensed Lead Consultant Contractor to conduct *any* actions within the lead consultant disciplines.
4. **Reinstatement:** Please affirm in the presence of a notary that you have not worked in this state in the discipline for which you are applying since your credential expired. (*page 4*)

## Requirements for each Discipline

### Inspector

- Initial 24-hour Lead Inspector certification from a CT-approved training provider; **or** certification as an industrial hygienist with experience in lead inspection and hazard identification ([FORM C](#), *Verification of Credential*) **and** refresher course certification for Lead Inspector **AND** Verification of passing score on the national Lead & Environmental Hazard Association (LEHA) exam or a comparable third party exam (if credentialed in another state). Contact Pearson Vue: [www.pearsonvue.com](http://www.pearsonvue.com)

### Risk Assessor

- Initial 16-hour training certificate from a CT approved training provider.
- Complete at least twenty-five (25) lead inspections over a minimum three (3) month period as a credentialed lead inspector or at least one year of experience in a related field such as lead, asbestos, radon, or other environmental remediation work (submit *Verification of Experience Form*); **AND**
- Education
  - A. A bachelor's degree from an accredited institution of higher education (*submit official transcript*) and at least one year of experience in a related field such as lead, asbestos, radon, or other environmental remediation work, *or*
  - B. Certification as an industrial hygienist, or credentialed as an engineer, architect, sanitarian or in a related scientific field ([FORM C](#), *Verification of Credential*), *or*
  - C. Hold a high school diploma or equivalency and at least two (2) years of experience in a related field such as lead, asbestos, radon, or other environmental remediation work (submit *Verification of Experience Form*); **AND**
- Verification of passing score on the national Lead & Environmental Hazard Association (LEHA) exam. Contact Pearson Vue, (888) 204-6203, or [www.pearsonvue.com](http://www.pearsonvue.com) or a comparable third party exam (if credentialed in another state).

### Planner/Project Designer

- A legible copy of initial 16 hour training certificate and, if applicable, current refresher certificate from a CT-approved or US EPA-approved training provider (if credentialed in another state).
- A legible copy of an initial Lead Abatement Supervisor certificate from a CT-approved training provider or from a US EPA-approved training provider if credentialed in another state as a Lead Abatement Supervisor.
- *Verification of Experience Form*



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
LEAD Consultant Certification Application

CHECK ONE: [ ] INITIAL [ ] REINSTATEMENT, CT Certification No: \_\_\_\_\_

APPLICATION FEE: \$50.00 (certified check or money order payable to "Treasurer State of Connecticut")

DISCIPLINE: Check the discipline for which you are applying. (If applying for more than one discipline, please submit a separate application with fee for each)

- [ ] INSPECTOR [ ] INSPECTOR RISK ASSESSOR [ ] PLANNER-PROJECT DESIGNER

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: \_\_\_\_\_

Name and Mailing Address: How your name and address will appear on your official certification, your address of record for all mailings, and releasable information pursuant to Freedom of Information requests.

Name on Certification: \_\_\_\_\_

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

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

Daytime phone #: \_\_\_\_\_ Email: \_\_\_\_\_

RACE/ETHNIC DATA: (This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)

- [ ] AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
[ ] ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
[ ] BLACK: Persons having origins in any of the black racial groups of Africa.
[ ] HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
[ ] WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**CREDENTIALS IN OTHER STATES/TRIBES:** List all states (other than Connecticut) and tribes where you have or have had a credential in any lead consulting discipline. Provide copies of other states' current lead credentials.

STATE/TRIBE	CREDENTIAL	NUMBER	EXPIRATION

**EDUCATION:** Required for RISK ASSESSOR only

A. Bachelor's Degree -Submit an official transcript from the educational institution

Institution: \_\_\_\_\_

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

Date Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

B. Certification as an industrial hygienist, or credentialed as an engineer, architect, sanitarian or in a related scientific field (FORM #C, Verification of Credential)

C. Hold a high school diploma or equivalency and at least two (2) years of experience in a related field such as lead, asbestos, radon, or other environmental remediation work (submit Verification of Experience Form)

**EXPERIENCE:** Required for RISK ASSESSOR only

Please submit a Verification of Experience Form

Employer

Address

Dates of Employment

---



---



---

**TRAINING COURSE(S):** Please submit a legible copy of your initial and current refresher training certificate from a CT-approved or US EPA-approved training provider (if credentialed in another state). For Inspector and Risk Assessor disciplines, please provide verification of passing score on the respective national Lead & Environmental Hazard Association (LEHA) exams.

**STATEMENT OF PROFESSIONAL HISTORY:**

- A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work?  YES  NO
- B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?  YES  NO
- C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you?  YES  NO
- D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?  YES  NO
- E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?  YES  NO

*If you answer “yes” to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.*

- F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?  YES  NO

*If “yes” to Question F, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.*

- G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?  YES  NO

*If “yes” to Question G, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.*

**PHOTOGRAPH:**



**NOTARIZATION:**

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, \_\_\_\_\_  
*Applicant's name* personally appeared before me,

who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

\_\_\_\_\_  
*Signature of Applicant*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*My Commission Expires*

**REINSTATEMENT APPLICATIONS ONLY:**

I certify that since my State Certification expired, I have not worked in Connecticut in the discipline for which I am applying for reinstatement with this application.

\_\_\_\_\_  
*Signature of Applicant*

Mail Application to:

**CT DPH  
Practitioner Licensing  
410 Capitol Ave., MS# 12MQA  
PO Box 340308  
Hartford, CT 06134-0308**

Mail transcript and any supporting documents not included with application to:

**CT DPH  
Environmental Licensing  
410 Capitol Ave., MS# 12 EPL  
PO Box 340308  
Hartford, CT 06134-0308  
Email: [DPH.EHLicensing@ct.gov](mailto:DPH.EHLicensing@ct.gov)**

