

**Georgia Department of Natural Resources
EPD Lead-Based Paint Program
INITIAL / RENEWAL**

(Circle One as Appropriate)

Application for Accreditation of Training Programs

Remit completed application, supporting documentation, and accreditation fees for each course requested to:

EPD Lead-Based Paint Program
ATTN: Maggie Williams
4244 International Parkway, Suite 104
Atlanta, Georgia 30354

1. Applicability

A training program shall not provide, offer, or claim to provide Division-accredited training courses without applying for and receiving direct accreditation from the Division.

2. Training Program Information

Name of Training Program		
Street Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number	
Contact Person		
E-Mail Address		
Is this training program accredited in another state? (If yes, please specify which course(s) and which state's program(s) have granted accreditation. Attach copy of approval letter for each course from each state granting accreditation):		

3. Training Course Information

Please check box(es) corresponding to course(s) for which accreditation is sought. Refer to Schedule of Fees for information on accreditation fees for each course.

<input type="checkbox"/> Initial Lead Inspector <input type="checkbox"/> Initial Lead Risk Assessor <input type="checkbox"/> Initial Lead Supervisor <input type="checkbox"/> Initial Lead Project Designer <input type="checkbox"/> Initial Lead Worker <input type="checkbox"/> Spanish Lead Worker Initial	<input type="checkbox"/> Refresher Lead Inspector <input type="checkbox"/> Refresher Lead Risk Assessor <input type="checkbox"/> Refresher Lead Supervisor <input type="checkbox"/> Refresher Lead Project Designer <input type="checkbox"/> Refresher Lead Worker <input type="checkbox"/> Refresher Spanish Lead Worker
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This Section For Program Use Only

Check Amount	Check Number	Deposit Date	Date Received
Received by	Deposit Number		

4. Training Manager Information

First Name	Last Name
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Georgia Lead Rule 391-3-24-.04(3)(a)1. requires training managers to have at least two years of experience, education or training in teaching adults; **or** a bachelor's or graduate level degree in building construction technology, engineering, industrial hygiene, biology, physical science, safety, public health, education, business administration, program management or a related field; **or** two (2) years experience in managing a training program specializing in environmental hazards; and demonstrated experience, education, or training in the construction industry including: lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene. Use the spaces below to demonstrate the training manager's qualifications and attach documentation to support each item. Minimum requirements must include at least one item from Sections 1 - 3 and Section 4.

Section 1:

I have a minimum of two years of experience, education or training in teaching adults. Yes No

Briefly describe training manager's qualification: _____

Supporting Documentation for This Section Is Attached. Yes No

Or Section 2:

I have a bachelor's level or graduate level degree. My degree is in: _____
(Area of Degree)

I obtained this degree from: _____ Year of Completion: _____
(Accredited College or University)

Supporting Documentation for This Section Is Attached. Yes No

Or Section 3:

I have two years experience in managing a training program specializing in environmental hazards. Yes No

Program Managed: _____

Supporting Documentation for This Section Is Attached. Yes No

And Section 4:

I have two years of experience, education or training in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health or industrial hygiene. Yes No

My experience consists of : _____

Supporting Documentation for This Section Is Attached. Yes No

5. Training Manager Verification of Information

I, _____, training manager for _____,

hereby certify under penalty of law that I have personally examined and evaluated for compliance and authenticity all information and attached documents submitted as a part of this application as Training Manager for this training program. Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. The submitted information is true, accurate, and complete.

Signature of Training Manager _____ Date _____

6. Principal Instructor Information (This form may be duplicated for additional applicants)

First Name	Last Name
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Georgia Lead Rule 391-3-24-.04(3)(a)2. Requires the Training Manager to appoint a qualified Principal Instructor for each course. The Principal Instructor must demonstrate experience, education or training in teaching workers or adults; **and** must successfully complete a lead training course from an accredited training program specific to the discipline(s) in which the instructor intends to teach, with a minimum of sixteen (16) training hours **and** demonstrate two (2) years demonstrated experience, education, or training in the construction industry including: lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene. Use the spaces below to demonstrate the Principal Instructor's qualifications and attach documentation to support each item. Minimum requirements must satisfy Sections 1 – 3

Section 1:

Principal Instructor has experience, education or training in teaching workers or adults. Yes No

Briefly describe Principal Instructor's qualification: _____

Supporting Documentation for This Section Is Attached. Yes No

And Section 2: The above referenced Principal Instructor is hereby appointed to teach the following courses (check only those courses which apply):

- Lead Inspector (Initial and Refresher)
- Lead Project Designer (Initial and Refresher)
- Lead Risk Assessor (Initial and Refresher)
- English Lead Worker (Initial and Refresher)
- Lead Project Supervisor (Initial and Refresher)
- Spanish Lead Worker (Initial and Refresher)

Principal Instructor has successfully completed the initial training course for each discipline(s) checked above from a Georgia accredited lead training program. Yes No

Supporting Documentation for This Section Is Attached. Yes No

And Section 3:

Principal Instructor has two (2) years of experience, education or training in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health or industrial hygiene. Yes No

Principal Instructor's experience consists of _____

Supporting Documentation for This Section Is Attached Yes No

7. Training Manager Verification of Information

I, _____, Training Manager for _____,

hereby certify under penalty of law that I have personally examined and evaluated for compliance and authenticity all information and attached documents submitted as a part of this application for the above referenced individual appointed as a Principal Instructor for this training program. Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. The submitted information is true, accurate, and complete.

Training Manager Signature _____ Date _____

8. Guest Instructor Information (This page may be duplicated for additional applicants)

First Name	Last Name
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Georgia Lead Rule 391-3-24-.04(3)(a)4. allows the Training Manager to appoint qualified Guest Instructor(s) to teach hands-on activities and/or work practices for each course. The Guest Instructor must demonstrate experience, education or training in teaching workers or adults; **and** must successfully complete a lead training course from an accredited training program specific to the discipline(s) in which the instructor intends to teach, with a minimum of sixteen (16) training hours **and** demonstrate two (2) years of experience, education or training in the field in which they will provide the instruction. Use the spaces below to demonstrate the Guest Instructor's qualifications and attach documentation to support each item. Minimum requirements must satisfy Sections 1 – 3

Section 1:

Guest Instructor has experience, education or training in teaching workers or adults. Yes No

Briefly describe Guest Instructor's qualification: _____

Supporting Documentation for This Section Is Attached. Yes No

And Section 2: The above referenced Guest Instructor is hereby appointed to teach hands-on activities and/or work practices segments as a part of the following course(s) (check only those courses which apply):

- Lead Inspector (Initial and Refresher)
- Lead Project Designer (Initial and Refresher)
- Lead Risk Assessor (Initial and Refresher)
- English Lead Worker (Initial and Refresher)
- Lead Project Supervisor (Initial and Refresher)
- Spanish Lead Worker (Initial and Refresher)

Guest Instructor has successfully completed the initial training course for each discipline(s) checked above from a Georgia accredited lead training program. Yes No

Supporting Documentation for This Section Is Attached. Yes No

And Section 3:

Guest Instructor has two (2) years of experience, education or training in the field in which they will provide instruction. Yes No

Guest Instructor's experience consists of _____

Supporting Documentation for This Section Is Attached Yes No

9. Training Manager Verification of Information

I, _____, Training Manager for _____,

hereby certify under penalty of law that I have personally examined and evaluated for compliance and authenticity all information and attached documents submitted as a part of this application for the above referenced individual appointed as a Guest Instructor for this training program. Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. The submitted information is true, accurate, and complete.

Training Manager Signature _____ Date _____

10. Schedule of Accreditation Fees – Please enclose applicable fees as determined by this Schedule in the form of a check or money order. Accreditation Fees must accompany this application.

Check (4) Each Course Applied For	Course Name	Initial Accreditation Fee (@ \$400 per 8 Training Hours)	Regular Renewal Fee	Past Due Renewal Fee (When Submitted After October 1)	Total Accreditation Fee Submitted
	Initial Lead Inspector (24 Training Hours)	\$1,200.00	\$300.00	\$450.00	
	Refresher Lead Inspector (8 Training Hours)	\$400.00	\$300.00	\$450.00	
	Initial Risk Assessor (16 Training Hours)	\$800.00	\$300.00	\$450.00	
	Refresher Risk Assessor (8 Training Hours)	\$400.00	\$300.00	\$450.00	
	Initial Lead Project Supervisor (32 Training Hours)	\$1,600.00	\$300.00	\$450.00	
	Refresher Lead Project Supervisor (8 Training Hours)	\$400.00	\$300.00	\$450.00	
	Initial Lead Project Designer (8 Training Hours)	\$400.00	\$300.00	\$450.00	
	Refresher Lead Project Designer (4 Training Hours)	\$400.00	\$300.00	\$450.00	
	Initial English Lead Worker (16 Training Hours)	\$800.00	\$300.00	\$450.00	
	Refresher English Lead Worker (8 Training Hours)	\$400.00	\$300.00	\$450.00	
	Initial Spanish Lead Worker (16 Training Hours)	\$800.00	\$300.00	\$450.00	
	Refresher Spanish Lead Worker (8 Training hours)	\$400.00	\$300.00	\$450.00	
Accreditation Fees Grand Total=					

11. Training Manager Verification of Information and Certification of Compliance

I, _____, Training Manager for _____, hereby certify under penalty of law that I have personally examined and evaluated for compliance and authenticity all information and attached documents submitted as a part of this application in its entirety. Falsifying or knowing omission of any material required as part of this application is grounds for application refusal and/or license suspension or revocation. All submitted information is true, accurate, and complete.

I certify under penalty of law that this training program meets or exceeds and at all times shall comply with the minimum requirements established in 391-3-24-.04. I will be responsible for maintaining the validity and integrity of the hands-on skills assessment to ensure that it accurately evaluates the trainee's performance of the work practices and procedures associated with each course topic. I will be responsible for maintaining the integrity and validity of the course test to ensure that it accurately evaluates the trainee's knowledge and retention of the course topics. I will ensure that the instructors accurately teach the training course curriculum as accepted by EPD. I have developed and will implement a Quality Control Program for each course (copies attached) offered by this training provider.

Training Manager Signature _____ Date _____

APPLICATION SUMMARY TABLE/DOCUMENTATION CHECKLIST

Please complete this page in its entirety and leave no blank spaces. Insert "N/A" for blanks that do not apply. Completion of this form will facilitate application processing by avoiding errors and omissions prior to submission. Return this form along with all other requested documentation.

Training Program Name:		
Training Manager Name (First, Middle, Last):		
Principal Instructor 1 Name (First, Middle, Last):		
Principal Instructor 2 Name (First, Middle, Last):		
Principal Instructor 3 Name (First, Middle, Last):		
Guest Instructor 1 Name (First, Middle, Last):		
Guest Instructor 2 Name (First, Middle, Last):		
Guest Instructor 1 Name (First, Middle, Last):		
<p>DOCUMENTATION CHECKLIST:</p> <p>Documents needed for the training provider application (check 4 each item to indicate enclosure).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Completed, signed application. <input type="checkbox"/> Check or money order for accreditation fees. <input type="checkbox"/> Instructor manual for each course applied for. <input type="checkbox"/> Student manual for each course applied for. <input type="checkbox"/> Content Checklist for each manual. <input type="checkbox"/> Course test for each course applied for. </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Answer key for each course test <input type="checkbox"/> Copy or detailed description of all Audio/visual materials used for each course <input type="checkbox"/> Detailed description of the learning/performance Objectives for each course topic <input type="checkbox"/> A copy of the quality control plan <input type="checkbox"/> An original course completion sample certificate </td> </tr> </table> <p>Documents needed for each individual included in application:</p> <input type="checkbox"/> Copy of official academic transcript or diploma as evidence of meeting the education requirements as needed for training manager/instructor(s). <input type="checkbox"/> Resumes, letters of reference, or other documentation of work experience as evidence of meeting the work experience requirements as needed for training manager/instructor(s). This documentation should include, but not be limited to, work history documenting related experience including inclusive dates of experience, employer's name, address and phone number, positions held, projects completed and job responsibilities held during the projects. <input type="checkbox"/> A copy of certificates from "Train-the-Trainer" courses and lead-specific training courses as evidence of meeting the training requirements as needed for training manager/instructor(s).	<input type="checkbox"/> Completed, signed application. <input type="checkbox"/> Check or money order for accreditation fees. <input type="checkbox"/> Instructor manual for each course applied for. <input type="checkbox"/> Student manual for each course applied for. <input type="checkbox"/> Content Checklist for each manual. <input type="checkbox"/> Course test for each course applied for.	<input type="checkbox"/> Answer key for each course test <input type="checkbox"/> Copy or detailed description of all Audio/visual materials used for each course <input type="checkbox"/> Detailed description of the learning/performance Objectives for each course topic <input type="checkbox"/> A copy of the quality control plan <input type="checkbox"/> An original course completion sample certificate
<input type="checkbox"/> Completed, signed application. <input type="checkbox"/> Check or money order for accreditation fees. <input type="checkbox"/> Instructor manual for each course applied for. <input type="checkbox"/> Student manual for each course applied for. <input type="checkbox"/> Content Checklist for each manual. <input type="checkbox"/> Course test for each course applied for.	<input type="checkbox"/> Answer key for each course test <input type="checkbox"/> Copy or detailed description of all Audio/visual materials used for each course <input type="checkbox"/> Detailed description of the learning/performance Objectives for each course topic <input type="checkbox"/> A copy of the quality control plan <input type="checkbox"/> An original course completion sample certificate	

If you have questions regarding completion of this application or need additional forms or assistance, please call Maggie Williams with the EPD Lead-Based Paint Program at (404) 362-2704 or e-mail her at:

Maggie_Williams@mail.dnr.state.ga.us