



For Official Use Only Date Received: _____ Rec. Number: _____ Comments: _____ _____

Application for Asbestos Training Program Accreditation

Please type or print responses in black or blue ink.

A. Type of Accreditation Requested

Select one of the following:

- Initial (first-time) accreditation
 Re-accreditation
 Replacement of lost certificate

Indicate the discipline(s) for which training course accreditation or re-accreditation is sought:

- | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Inspector | Worker | Contractor/Supervisor | Project Monitor |
| <input type="checkbox"/> Initial | <input type="checkbox"/> Initial | <input type="checkbox"/> Initial | <input type="checkbox"/> Initial |
| <input type="checkbox"/> Refresher | <input type="checkbox"/> Refresher | <input type="checkbox"/> Refresher | <input type="checkbox"/> Refresher |
| Project Designer | Management Planner | | |
| <input type="checkbox"/> Initial | <input type="checkbox"/> Initial | | |
| <input type="checkbox"/> Refresher | <input type="checkbox"/> Refresher | | |

B. Applicant Information

Name of Training Program: _____

Applicant's Name: _____
Business, State, Government, etc.

 Street Address, Suite # City State Zip Code

Applicant's Phone #: (_____) _____ Applicant's Fax #: (_____) _____

E-mail Address: _____

Please list all locations at which training sessions will be held. Attach additional sheets if necessary.

 Street Address, suite # City State Zip Code

 Street Address, suite # City State Zip Code

 Street Address, suite # City State Zip Code

C. Qualifications of Course Instructor(s)

Please attach additional sheets containing the same information if more than one instructor is to be teaching courses.

Name of Training Course Instructor: _____
Last First Middle

Name the colleges, graduate schools, and/or technical, vocational, or special trade schools that the training program manager has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated.

School Course of Study Hours Completed Highest Level Completed Degrees Received Year Graduated

School Course of Study Hours Completed Highest Level Completed Degrees Received Year Graduated

School Course of Study Hours Completed Highest Level Completed Degrees Received Year Graduated

School Course of Study Hours Completed Highest Level Completed Degrees Received Year Graduated

Field Experience: _____
Field Location (city, state) Years

Teaching Experience: _____
Location (name of facility,city, state) Months

List all the certifications currently held in the asbestos field, training program name and location, and the date of expiration. Attach additional sheets of paper if needed.

Certifications Held:

Certification Type Name and Location of Training Program Certification # Expiration Date

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D. Curriculum

Please attach documentation of the following aspects of the training class curriculum (see §11-504-43):

1. An outline and description of course curriculum topics.
2. A description of the type of equipment to be used in the hands-on portion of the training course.
3. Instructor to student ratio for hands-on portion.
4. Documentation that facilities, and staff are sufficient for the number of students.
5. Documentation of written tests, passing scores, issuance of certificates, and notification of the Department of students who successfully pass the course.
6. An agreement to notify the Department in writing at least thirty days prior to the commencement of any training classes.

E. Past History

Does the firm have any past history of incompetence or negligence in providing training courses?

Yes No If yes, please attach a detailed explanation of the situation(s).

Does the firm have any past history of noncompliance with federal or state asbestos regulations?

Yes No If yes, please attach a detailed explanation of the situation(s)

If accreditation is held in states other than Hawaii, please list them in the spaces provided below.

_____	_____	_____
State	Disciplines	Expiration Date
_____	_____	_____
State	Disciplines	Expiration Date
_____	_____	_____
State	Disciplines	Expiration Date

F. Additional Information

If you have any additional information or comments, which are relevant, and should be considered by the Department when reviewing your application, please comment in the following space. Attach additional sheets of paper if necessary.

G. Signature

Please print and sign your name and write the date in the blanks below if you understand and agree with the following statement:

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 certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affect the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to Hawaii Administrative Rules §11-504-4, follow work practice standards according to §11-501, and conduct asbestos activities only in those fields in which I have received certification.

Applicant's Signature

Date Signed

Applicant's Title

H. Checklist

Before you mail your application, please check to make sure that you have:

- Filled out all sections completely
- Signed and dated the application
- Enclosed a copy of your course manual and agenda
- Enclosed a quality control plan
- Enclosed a description of facilities and equipment
- Made a copy of entire application along with any attachments for your files
- Enclosed any additional documentation
- Enclosed the appropriate accreditation fee
- Enclosed documentation of training course instructor's qualifications
- Enclosed a copy of the test blueprint
- Enclosed a description of procedures for hands-on training

Mail original completed application and all supporting materials and fees to:

STATE OF HAWAII
DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
ASBESTOS SECTION
99-945 Halawa Valley Street
Aiea, HI 96701
Telephone #: (808) 586-5800

