



FOR OFFICIAL USE ONLY Date Received: _____ Rec. Number: _____ Comments: _____

ACCREDITATION APPLICATION for Lead-Based Paint Activity Training Programs

Please type or print responses in black or blue ink.

A. General Information

Select one of the following application types:

- Initial accreditation application
- Re-accreditation application
- Replacement of a certificate

Indicate the course(s) for which you seek accreditation or re-accreditation:

	Inspector		Supervisor		Risk Assessor		Project Designer		Abatement Worker		Fee
I = Initial R = Refresher	I	R	I	R	I	R	I	R	I	R	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Replacement of a certificate (\$25 each)											\$ _____
											Total Fee: \$ _____

Worker courses in a language **other than English**: _____ I R
(List each language separately. Note: Only worker course(s) can be taught in language other than English.)

B. Applicant Information

Name of Training Program and Street Address: _____
Business, State, Agency, etc.

Street Address, Suite Number (Please no P.O. Box) _____ City _____ State _____ Zip Code _____

Mailing Address: _____
Address City State Zip Code

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

Applicant's E-mail Address: _____

Please list all types of facilities and locations at which training will take place. Attach additional sheets of paper, as necessary.

Type of Facility Street Address, Suite Number (Please no P.O. box) City State Zip Code

Type of Facility Street Address, Suite Number (Please no P.O. box) City State Zip Code

C. Qualifications of Training Program Manager

Name of Training Program Manager: _____
Last First Middle

Training Program Manager's Title: _____

Previous and/or Maiden Name(s), if applicable: _____

Teaching Workers or Adults Requirement of §11-41-4(c)(1)(A), (B), or (C):
 Check one of the following:

Experience **or** Education **or** Training **or** Bachelor's or graduate degree in related field **or** Experience managing a training program specializing in environmental hazards

Circle the supporting documentation attached for the box checked above:

<u>Experience</u>	<u>Education</u>	<u>Training</u>	<u>Bachelors</u>	<u>Management Experience</u>
Resume	Diploma	Diploma	Diploma	Resume
Letter of Reference	Transcript	Transcript	Transcript	Letter of Reference
Documentation of Work Experience		Certificate		Documentation of Work Experience

Construction Industry Requirement of §11-41-4(c)(1)(D):
 Check one of the following:

Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

<u>Experience</u>	<u>Education</u>	<u>Training</u>
Resume	Diploma	Diploma
Letter of Reference	Transcript	Transcript
Documentation of Work Experience		Certificate

D. Qualifications of Principal Course Instructor (Attach a separate sheet for each individual.)

Name of Principal Course Instructor for each course: _____
(If more than one, attach additional sheets.) Last First Middle

Previous and/or Maiden Name(s), if applicable: _____

Teaching Workers or Adults Requirement of §11-41-4(c)(2)(A):
 Check one of the following:

Experience **or** Education **or** Training

Circle the supporting documentation attached for the box checked above:

<u>Experience</u>	<u>Education</u>	<u>Training</u>
Resume	Diploma	Diploma
Letter of Reference	Transcript	Transcript
Documentation of Work Experience		Certificate

H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and want the State Department of Health to consider with your application. Attach additional sheets of paper, as necessary.

I. Certification Statement

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicant's eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcement, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity training program described in Sections A through H of this application, including any attachments, meets the requirements established in subsection (c) of §11-41-4. 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 acknowledged that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to §11-41-4 and conduct lead-based paint activities training only in those disciplines and geographical areas in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or imposition of applicable criminal and civil penalties and/or administrative remedies.

Training Program Manager's Signature
(Please sign legibly within the boundaries of the box above.)

Date Signed

Before you mail your application and accreditation fee, make sure you have:

- Filled out applicable sections of the application
- Signed and dated the application
- Made a copy of your application for your files
- Enclosed education, experience, and other documentation for the Training Program Manager and Principal Course Instructor(s)
- Enclosed a description of facilities and equipment
- Enclosed the course test blueprint
- Enclosed a description of activities and procedures for hands-on skills assessment
- Enclosed quality control plan(s)
- Enclosed course manual(s) and course agenda(s)
(If not using EPA recommended or authorized State or Indian Tribe approved training materials)
- Enclosed the appropriate accreditation fee
(check or money order)
- Printed "*State Department of Health*" on the check or money order. There will be a \$25.00 service fee for any check dishonored by the bank.

SEND TO:
STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
LEAD-BASED PAINT SECTION
99-945 HALAWA VALLEY STREET
AIEA, HI 96701
PHONE (808) 586-5800 FAX (808) 586-5811