

**Do Not Write In This Space**

Postmark	Date received	Notification number
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## Ohio Department of Health • Lead Poisoning Prevention Program

# Prior Notification of Lead Training Course

**Carefully read all the instructions and questions prior to completing the notification form**

- Any provider of an approved lead training course within the state of Ohio shall notify the Director, in writing, of scheduled courses at least 10 days prior to the commencement of any approved training program as required by Chapter 3701-32 and 3701-82 of the Ohio Administrative Code. If the on-line prior notification system is utilized the course notification period is reduced to no less than three days.
- Three day notifications utilizing the on-line system shall be submitted via access from the Ohio Department of Health webpage [www.odh.ohio.gov](http://www.odh.ohio.gov). Ten day written notifications shall be legibly completed and sent to the Ohio Department of Health, Division of Quality Assurance, Attn: Lead Poisoning Prevention Program, 3rd floor, 246 North High Street, Columbus, Ohio 43215. You may also e-mail the original notification to [lead@odh.ohio.gov](mailto:lead@odh.ohio.gov).
- Please complete all sections of the notification. The notification will be returned if any information is lacking. The appropriate waiting period will commence when all information requested is supplied.
- Type of notification:  Original     Cancellation     Revision # \_\_\_\_\_

4. Course approval number			Expires		
Name of training	Initial	Refresher	Name of training	Initial	Refresher
Lead Core Course (LCC)	<input type="checkbox"/>	<input type="checkbox"/>	Lead Clearance Technician (LCT)	<input type="checkbox"/>	<input type="checkbox"/>
Lead Abatement Worker (LAW)	<input type="checkbox"/>	<input type="checkbox"/>	Lead Safe Renovator (LSR) (LSR-T)	<input type="checkbox"/>	
Lead Abatement Contractor (LAC)	<input type="checkbox"/>	<input type="checkbox"/>	Lead Safe Renovator w/ EMP Module	<input type="checkbox"/>	
Lead Project Designer (LPD)	<input type="checkbox"/>	<input type="checkbox"/>	Essential Maintenance Practices w/ LSR Module	<input type="checkbox"/>	
Lead Inspector (LI)	<input type="checkbox"/>	<input type="checkbox"/>	Essential Maintenance Practices (LEM) (LEM-P)	<input type="checkbox"/>	
Lead Risk Assessor (LRA)	<input type="checkbox"/>	<input type="checkbox"/>			

5. Name of training provide		
Address		
City	State	ZIP
Director	Telephone # (     )	

6. Training course instructors	
_____	_____
_____	_____

7. Location of training course ( <i>specific</i> )		
Address		
City	State	ZIP
	<b>OHIO</b>	
Comments		

8. Training course dates							
Start		Completion			Hours of operation		
Days of the week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

9. Name of person filing this notice	Date
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