

Ohio Department of Health
Lead Training Program Application
 Ohio Administrative Code 3701-32

- Carefully read all the instructions and questions before completing this application. Please submit only one application per training course.
- Application, typed or printed legibly in ink, shall be sent to Ohio Department of Health, Accounts Receivable, PO Box 15278, Columbus, OH 43215.
- Check or money order shall be made payable to: Treasurer, State of Ohio, for the amount of Seven Hundred and Fifty Dollars (\$750.00) for an initial course and Two Hundred Fifty Dollars (\$250.00) for a refresher course.
- Application for approval or renewal shall be made on this form and approved by the Director of Health prior to initiating any training activities.
- The application for training must, at a minimum, include the following: training curriculum, course materials, course hours, trainer qualifications, samples of course examinations, and completion certificates. Mail these materials along with this form and a letter that clearly indicates how the training course meets the requirements set forth by the United States Environmental Protection Agency (U.S. EPA) Model Accreditation Plan, as contained in applicable portions of 40 CFR Part 745 and rule 3701-82-01 or 3201-32-16 of the Ohio Administrative Code (OAC).
- This application along with the above mentioned items will be used as an administrative review to determine approval for all courses.

Completion of this form is required by rule 3701-82-01 or 3701-32-16 of the OAC.

Application Type - <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Approval #								
Name of Training Course (Complete a new application for each course)								
	Initial	Refresher		Initial	Refresher		Initial	Refresher
Core Course	<input type="checkbox"/>		Clearance Technician	<input type="checkbox"/>	<input type="checkbox"/>	Lead Abatement Project Designer	<input type="checkbox"/>	<input type="checkbox"/>
Lead Abatement Worker	<input type="checkbox"/>	<input type="checkbox"/>	Lead Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>	Lead-Safe Renovator	<input type="checkbox"/>	
Lead Abatement Contractor	<input type="checkbox"/>	<input type="checkbox"/>	Lead Inspector	<input type="checkbox"/>	<input type="checkbox"/>	Essential Maintenance Practice	<input type="checkbox"/>	
1. Provider Name						2. Federal Tax ID #		
3. Mailing Address				4. City		5. State	6. ZIP	
7. Telephone # ()		8. FAX # ()			9. E-mail Address			
10. Director Name					11. Website Address			
12. Does this course currently have full or contingent approval by the U.S. EPA or by a state under an accreditation program approved by the U.S. EPA?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation of approval.			
13. Has your training program ever been denied, suspended or revoked by the U.S. EPA or by a state with U.S. EPA accreditation?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a detailed explanation.			
14. Have any of the principals of the training program been convicted of a felony under any state or federal law designated to protect the environment?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a detailed explanation.			

Important

- ✓ Make sure you have completed all appropriate sections of this form and included all required attachments. Applications that are incomplete or that contain errors will be returned, which may result in a delay in the processing of your application and issuance of your training course approval.
- ✓ All information requested on this form is **mandatory** for the administration and processing of your application pursuant to rule 3701-82-01 or 3701-32-16 of the OAC. All data received will be regarded as a public record and subject to release.
- ✓ All training course providers must notify the Ohio Department of Health in writing when they change the course curriculum, instructional staff, or other aspects of the training program.

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training course information and all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

Applicant Signature

Date

For Office Use Only

Receipt #:	Approved by & date:
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