



APPLICATION Accreditation of Lead-Based Paint Activities Training Program

Official Use Only	51600 51621 2670
Date Received _____	Amount Received _____ Initials _____

Please complete this form by writing legibly using blue or black ink.

A. General Information

Select one of the following application types:

- Accreditation application - applying for first-time accreditation
- Application for an additional training course – applying to add a new training course
- Application amendment New training manager New instructor Other
- Re-accreditation application

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

- | | |
|---|---|
| <input type="checkbox"/> Initial Abatement Worker
<input type="checkbox"/> Initial Supervisor
<input type="checkbox"/> Initial Inspector
<input type="checkbox"/> Initial Risk Assessor
<input type="checkbox"/> Initial Project Designer | <input type="checkbox"/> Refresher Abatement Worker
<input type="checkbox"/> Refresher Supervisor
<input type="checkbox"/> Refresher Inspector
<input type="checkbox"/> Refresher Risk Assessor
<input type="checkbox"/> Refresher Project Designer |
|---|---|

Course	Accreditation Fee	Re-Accreditation Fee
Abatement Initial/Standard Course		
Inspector	\$750	\$300 for each discipline.
Risk Assessor	\$500	
Project Designer	\$500	
Worker	\$500	
Supervisor	\$750	
Abatement Refresher Course		
Inspector	\$500	\$100 for a refresher training course covering up to two disciplines.
Risk Assessor	\$350	
Project Designer	\$350	
Worker	\$350	\$200 for a refresher training course covering more than two disciplines.
Supervisor	\$500	
For more than two disciplines	\$600	

Total of fee amounts for each box checked: \$ _____

B. Program Information (**NOTE:** contact information in this section will be posted on the OHA Web site for parties interested in registering for classes).

Name of Training Program: _____

Mailing Address: _____
Street or PO Box City State Zip Code

Street Address: _____
(If different from above) Street Address City State Zip Code

Program Phone: _____ Fax Number: _____

Program E-mail Address: _____

Program Web site: _____

Is applicant accredited to provide lead-based paint training in other jurisdictions: Yes No
(If yes, list on a separate sheet of paper all approved courses, date of approval and approving authority).

Please list locations at which training will take place and indicate if you plan to train at non-permanent facilities. Attach additional sheets of paper, as needed.

Training Address _____
Street City State Zip Code

Do you plan to provide training at non-permanent facilities: Yes No

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: _____
Last First Middle

Teaching Workers or Adults Requirement OAR 333-069 (and, by reference, 40 CFR 745.225)

Check one of the following:

- Experience **or** Education **or** Training **or** Bachelors **or** Experience
or graduate degree in any field managing a training program specializing in environmental hazards

Check the supporting documentation attached for the box checked above:

- | Experience | Education | Training | Bachelors | Management Experience |
|---|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Resume | <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma | <input type="checkbox"/> Resume |
| <input type="checkbox"/> Letter of Reference | <input type="checkbox"/> Transcript | | <input type="checkbox"/> Transcript | <input type="checkbox"/> Letter of Reference |
| <input type="checkbox"/> Documentation of Work Experience | | | | <input type="checkbox"/> Documentation of Work Experience |

E. Lead-Based Paint Activity or Renovation Violations

Does training program have any past, present, or pending lead-based paint or renovation disciplinary action, suspension or citation of violations by any administrative agency, including, but not limited to EPA, CCB, OSHA, or DEQ? Yes No

F. Certification of Course Training Manual

I certify that I am using the course training materials as marked in the boxes below for each of the courses that I am seeking accreditation as required by 333-069 (and, by reference, 40 CFR 745.225). My signature in Section I also applies to Section F.

	Lead Inspector	Risk Assessor	Abatement Worker	Supervisor	Project Designer
EPA training materials	<input type="checkbox"/>				
Authorized state approved course/program	<input type="checkbox"/>				
Other LBP Training	<input type="checkbox"/>				

If not using the EPA model training materials, please include a copy of the course agenda and a copy of the student and instructor training manuals for each course.

G. Re-accreditation Applicants ONLY

Use the following space to describe any changes to the training facility equipment or course materials since the training program's last application was approved. Attach additional sheets of paper as needed.

H. Additional Information

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

I. Certification Statement and Signature

I certify that the lead-based paint training program described in section A through H of this application, including any attachments, meets the requirements established in OAR 333-069 (and, by reference, 40 CFR 745.225). I hereby attest and affirm that the information included on this application, including any attachments, is true and correct to the best of my belief and knowledge. I acknowledge 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 OAR 333-069 (and, by reference, 40 CFR 745.225) and conduct lead-based training only in those fields in which I have received accreditation. A false statement on this form may lead to prosecution or to imposition of applicable criminal and civil penalties and/or administrative remedies.

I understand that this application is subject to verification. I agree to provide any additional documentation as required. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application. I also understand that completion and submission of this application does not guarantee accreditation as a lead-based paint training provider by the Oregon Health Authority and that all fees are non-refundable.

Training Program Manager's Signature

Date Signed

Training Program Manager's Printed Name

Applicant's Title (if applicable)

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

- Filled out all applicable sections of the application.
- Signed and dated the application.
- Enclosed education, experience, training, and any other documentation for the Training Program Manager and Principal Course Instructor. Please provide copies of accreditations and training certifications.
- Enclosed course manual(s) and course agenda(s) if not using the EPA model training materials.
- Enclosed a description of the training facilities and equipment used for lecture and hands-on training.
- Enclosed a course description outline, which includes the minimum training curriculum requirements.
- Enclosed a description of the activities and procedures that will be used for conducting the assessment of hand-on skills training for each course.
- Enclosed a quality control plan.
- Enclosed a copy of the course test blueprint for each course.
- Enclosed a sample course completion certificate.
- Enclosed a description of your record-keeping procedures.
- If course is in a language other than English, a signed statement from a qualified, independent translator that the translation is accurate.
- Made a copy of your application for your files.
- Enclosed the appropriate accreditation fee(s) payable to the Oregon Health Authority.

Please mail original application, supporting materials and fees in one package to:

**Oregon Health Authority
Lead-Based Paint Program
PO Box 14260
Portland, OR 97232-0260**