

# Lead-Based Paint Activities and Renovation Pre-Training Notification



**Important:** Training providers must submit the Pre-Training Notification to the Oregon Health Authority (OHA) at least seven (7) business days prior to the start date of the course.

**1. Notification type (choose one):**     Original             Updated             Cancellation

If this is an update or cancellation, please show original date(s): \_\_\_\_\_

**2. Training program information:**

Name: \_\_\_\_\_ Accreditation number: \_\_\_\_\_  
*(example: 41R050)*

Address: \_\_\_\_\_  
*Street City State ZIP code*

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Course information (information in this section will be posted on the OHA website):**

Discipline:     Project designer             Inspector             Dust sampling technician  
 Supervisor             Risk assessor             Renovator  
 Worker

Type:             Initial             Refresher

Language presented (choose one):     English     Spanish     Other: \_\_\_\_\_

Training dates:

Date(s) (month/day/year)	Start time (H:MM)	End time (H:MM)
	<input type="checkbox"/> am / <input type="checkbox"/> pm	<input type="checkbox"/> am / <input type="checkbox"/> pm
	<input type="checkbox"/> am / <input type="checkbox"/> pm	<input type="checkbox"/> am / <input type="checkbox"/> pm
	<input type="checkbox"/> am / <input type="checkbox"/> pm	<input type="checkbox"/> am / <input type="checkbox"/> pm
	<input type="checkbox"/> am / <input type="checkbox"/> pm	<input type="checkbox"/> am / <input type="checkbox"/> pm
	<input type="checkbox"/> am / <input type="checkbox"/> pm	<input type="checkbox"/> am / <input type="checkbox"/> pm

*(attach additional sheets, if needed).*

Principal instructor (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Guest instructor(s) (if any): \_\_\_\_\_

Training location name (if applicable): \_\_\_\_\_

Training location address: \_\_\_\_\_  
*Street City State ZIP code*

\_\_\_\_\_  
Training manager (print)                      Training manager signature                      Date

Send completed form to: **Oregon Health Authority**  
 800 NE Oregon Street, Suite 640  
 Portland OR 97232  
 Fax: 971-673-0457  
 Email: lead.program@state.or.us