

**APPLICATION FOR APPROVAL
 AS A NEW JERSEY LEAD COURSE
 INSTRUCTOR/TRAINING MANAGER**

Directions: Please type or legibly print unless otherwise indicated. Sections I through VII MUST be completed by the applicant. Section VIII must be completed by the agency for which the applicant wishes to be employed. Submitting just a resume is not acceptable. Note: NJDHSS does not guarantee approval of all topics for which applied.

I. GENERAL INFORMATION					
Application For:					
<input type="checkbox"/> Instructor (Complete Sections I, II, III, IV, VI, VII, VIII)			<input type="checkbox"/> Training Manager (Complete Sections I, II, III, V, VI, VII, VIII)		
Application Type:					
<input type="checkbox"/> First Time Application		<input type="checkbox"/> Additional Approval Request (include copy of previous approvals)			
Topic Areas					
<input type="checkbox"/> General Lecture		<input type="checkbox"/> Health Effects*		<input type="checkbox"/> Work Practice Lecture	
<input type="checkbox"/> Hands on*					
*Requires additional education/experience. See Section V qualifications.					
Discipline					
<input type="checkbox"/> Worker/Supervisor-Housing and Public Buildings			<input type="checkbox"/> Inspector/Risk Assessor		
<input type="checkbox"/> Worker/Supervisor-Commercial Buildings and Superstructures			<input type="checkbox"/> Planner/Project Designer		
II. APPLICANT INFORMATION					
Last Name		First Name		M. I.	Telephone Number ()
Street Address				Fax Number ()	
City		State	Zip Code	Email Address	
III. CERTIFICATIONS					
<i>List all pertinent certifications and provide copies of all documents listed. Use additional sheet if necessary.</i>					
License/Permit Description/Type	State Issued By	License/Permit No.	Issue Date	Expiration Date	Work Performed (include Dates)
IV. INSTRUCTOR QUALIFICATIONS					
<i>In accordance with N.J.A.C. 8:62-4.5(a), <u>all</u> instructors <u>must</u> meet the criteria listed below.</i>					
Adult Education Experience/ Training (Check one)		<input type="checkbox"/> Successful completion of 40-hour train-the-trainer course <input type="checkbox"/> A minimum of two years of classroom experience teaching adults <input type="checkbox"/> Attainment of a degree in adult education from an accredited college or university			
Completion of a minimum of 24 hours of lead-specific training		Course Dates	Brief description of course (attach copy of certificate)		
Related Experience (Check one and supply appropriate additional information)	<input type="checkbox"/> A minimum of two years of experience related to health, safety, or regulatory aspects of lead abatement	Dates of experience	Describe Experience (use separate sheet if necessary)		
	<input type="checkbox"/> A minimum of one year of lead abatement experience	Dates of experience	Describe Experience (use separate sheet if necessary)		
<i>The following topic areas require additional education/experience. If "health effects," or "hands-on" are checked in Section I, you must provide the following for each checked:</i>					
Health Effects	Must be a qualified health professional. On a separate sheet, outline dates and description of experience, education (include dates and type of certification) and any pertinent licenses.				
Hands-On	Must have a minimum of two years of experience in construction trades, including, but not limited to, lead or asbestos abatement, painting, carpentry, or renovation and remodeling. (Must provide permit/licensing information in Section III above.) On separate sheet, describe experience. Include employer information (name, telephone, address, etc.).				

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(Continued)**

Last Name	First Name	M. I.	Telephone Number ()
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V. TRAINING MANAGER QUALIFICATIONS

In accordance with N.J.A.C. 8:62-4.5(a), all training managers must meet, at a minimum, the criteria listed below.

Requirements	Dates	Description of Experience or Course (Use separate sheet if necessary and attach copy of course certificates.)
A minimum of two years of classroom experience in teaching workers and/or adults.		
A bachelor's or graduate level degree in building, construction technology, engineering, industrial safety or health OR four years experience in managing an occupational safety or health program.		
Completion of 40-hour train-the-trainer course.		
Completion of a minimum of 24 hours of lead-specific training.		

VI. APPLICANT HISTORY OF LEGAL ACTIONS

If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

Has/is the applicant identified in Section II above:

- Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDHSS? Yes No
- Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency? Yes No
- Been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency? Yes No
- Been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency? Yes No
- Been a defendant in any civil or criminal litigation? Yes No

VII. APPLICANT STATEMENT AND SIGNATURE

The information contained in this "Application for Approval as a New Jersey Lead Course Instructor/Training Manager" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training manager or course instructor in New Jersey.

Signature	Date
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VIII. AGENCY INFORMATION AND REPRESENTATIVE SIGNATURE

The information below must be completed by a training agency representative. If incomplete, the application will be rejected.

Agency Name	Agency Number
Agency Address	

The information contained in this "Application for Approval as a New Jersey Lead Course Instructor/Training Manager" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training course instructor in New Jersey.

I am authorized to sign for and on behalf of the persons listed as owners, partners, shareholders, officers and directors of this company.

Name (Print)	Title
Signature	Date

This application must be forwarded to the New Jersey Department of Health and Senior Services by the Training Agency.