

**LEAD  
 TRAINING COURSE  
 NOTIFICATION**

All course information must be completed or the course will not be recognized. Please type or print legibly. Illegible notifications will be rejected. Notifications must be received by the NJDOH at least five (5) days but no more than two (2) weeks from the beginning of the course.

NOTIFICATION TYPE				
<b>Initial Notification:</b>		<input type="checkbox"/> New Notification		
<b>Subsequent Submissions:</b>		<input type="checkbox"/> Revision (indicate changes in Comments below)		<input type="checkbox"/> Cancellation
GENERAL COURSE INFORMATION				
Unique Course ID Number <i>(assigned by Training Agency)</i>		Training Agency Name		Training Agency Number
First Day of Class	Last Day of Class <i>(leave blank for Refresher Course)</i>	<input type="checkbox"/> Days are not consecutive <i>Indicate non-consecutive Days in Comments.</i>	Course Times	Approx. # of Students
<p><b>*If class dates are not consecutive, each individual day must be indicated in the "Comments" section (below).            Reminder: All course agendas must be approved by the NJDOH before using it in a NJ-certified course.</b></p>				
Type of Course: <input type="checkbox"/> A. Initial <input type="checkbox"/> B. Refresher		Course Language: <input type="checkbox"/> 1. English <input type="checkbox"/> 2. Spanish <input type="checkbox"/> 3. Polish		
Course Discipline <i>(check one)</i> :				
<input type="checkbox"/> A. Worker-Housing and Public Buildings		<input type="checkbox"/> D. Planner/Project Designer		
<input type="checkbox"/> B. Supervisor-Housing and Public Buildings		<input type="checkbox"/> E. Worker-Commercial Buildings and Superstructures		
<input type="checkbox"/> C. Inspector/Risk Assessor		<input type="checkbox"/> F. Supervisor-Commercial Buildings and Superstructures		
INSTRUCTORS				
<i>All Course Instructors must be approved by the NJDOH in accordance with N.J.A.C. 8:42-4.5 prior to instructing a NJ-certified course.</i>				
General Lecture Instructor(s)				
Health Effects/PPE Instructor(s)				
Work Practice Lecture Instructor(s)				
Work Practice Hands-on Instructor(s)				
LECTURE LOCATION				
Street Address			Name of Contact Person	
City	State	Telephone	Fax	
HANDS-ON / SITE VISIT LOCATION			<input type="checkbox"/> Check here if Not Applicable	
Street Address			Name of Contact Person	
City	State	Telephone	Fax	
Comments				
<i>In accordance with N.J.A.C. 8:62-4.4, if the course information changes, your agency must notify this office as soon as you become aware of such changes.</i>				
Name and Title of Person Submitting Notice <i>(Print)</i>			Signature	Date