

**New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
 P.O. Box 372
 Trenton, NJ 08625-0372**

**REQUIRED INFORMATION FOR NEW JERSEY CERTIFICATION OF LEAD TRAINING COURSE
 LEAD TRAINING COURSE PROPOSAL CHECKLIST**

Please provide all information requested in this checklist, and include it with your completed application. Send to the above address with all required attachments.

Name of Training Agency	Date		
Course Type (Check no more than one initial and corresponding refresher): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <u>Housing/Public Buildings</u> Initial Refresher <input type="checkbox"/> <input type="checkbox"/> Worker <input type="checkbox"/> <input type="checkbox"/> Supervisor <input type="checkbox"/> <input type="checkbox"/> Inspector/Risk Assessor <input type="checkbox"/> <input type="checkbox"/> Planner/Project Designer </td> <td style="width: 50%; vertical-align: top; border: none;"> <u>Commercial Buildings/Superstructures</u> Initial Refresher <input type="checkbox"/> <input type="checkbox"/> Worker <input type="checkbox"/> <input type="checkbox"/> Supervisor </td> </tr> </table>		<u>Housing/Public Buildings</u> Initial Refresher <input type="checkbox"/> <input type="checkbox"/> Worker <input type="checkbox"/> <input type="checkbox"/> Supervisor <input type="checkbox"/> <input type="checkbox"/> Inspector/Risk Assessor <input type="checkbox"/> <input type="checkbox"/> Planner/Project Designer	<u>Commercial Buildings/Superstructures</u> Initial Refresher <input type="checkbox"/> <input type="checkbox"/> Worker <input type="checkbox"/> <input type="checkbox"/> Supervisor
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To assure your application is complete and to expedite the review process, the following information must be submitted as required by N.J.A.C. 8:62-4.			
<input type="checkbox"/> 8:62-4.3(a)1 and 2 Completed "Lead Training Agency Certification Application".			
<input type="checkbox"/> 8:62-4.3(a)3 Statement signed by the training manager that clearly details how the course meets the minimum requirements outlined in N.J.A.C. 8:62-4.2 (refer to "Minimum Course Requirements").			
<input type="checkbox"/> 8:62-4.3(a)4 Brief description of course location (including dimensions): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Projected course fees: \$ _____			
<input type="checkbox"/> 8:62-4.3(a)5 Provide a detailed outline of course curricula as set forth at N.J.A.C. 8:62-4.6 through 12 which details the schedule for each day of the course. Refer to appropriate NJDOH course outline for topics and suggested time allotments for each discipline.			
<input type="checkbox"/> 8:62-4.3(a)6 Attach a description of the interactive/participatory teaching methods as defined at N.J.A.C. 8:62-2 (see definition below) which will be employed to present <u>each</u> topic. Note: the definition of "Interactive/Participatory Teaching Methods" is as follows: Instruction which consists of active participation of the trainees, such as, brainstorming, hands-on training, demonstration and practice, small group problem solving, discussions, risk mapping, field visits, walk-throughs, problem posing, group work assignments, question-and-answer periods, and role-playing sessions. Lecture is not considered an interactive/participatory teaching method.			
<input type="checkbox"/> 8:62-4.3(a)7 Attach a copy of all written materials to be distributed as part of the training course.			

**LEAD TRAINING COURSE PROPOSAL CHECKLIST
(Continued)**

Name of Training Agency	Date
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8:62-4.3(a)8

Include evidence demonstrating that your agency has employed a training manager and has employed or contracted to employ a minimum of three instructors, either on a full-time or part-time basis to satisfy the requirements as set forth at N.J.A.C. 8:62-4.5 (refer to "Lead Instructor/Training Manager Application).

You must Include a completed "*Lead Instructor/Training Manager Application*" for the training manager and each instructor. Resumes, transcripts, diplomas and professional certifications describing specialized training and education and/or prior experience shall be submitted as documentation of compliance with the instructor criteria. All resumes must include the length of time the individual has held jobs, certifications, etc.

Refer to "Facility Inspection Worksheet" to assist you in completing the following sections. That Worksheet will be used during the pre-operational inspection of your facility. You can use it as guidance in determining the quantity of items to be maintained.

8:62-4.3(a)9

List the types, brand names and quantities of respirators to be used to demonstrate a fit test:

<u>Type</u>	<u>Brand Name</u>	<u>Quantity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8:62-4.3(a)10

List Description/Type and Quantity of protective clothing to be used during hands-on training and demonstration (use an additional sheet if necessary):

<u>Description</u>	<u>Quantity</u>	<u>Description</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8:62-4.3(a)11

List Description and Quantity of the materials to be used for hands-on training including, but not limited to, hand tools, ladders, scaffolding, plastic sheeting, other construction equipment, air filtration units, water spray devices, decontamination facilities, simulated lead material and, where appropriate, attach Material Safety Data Sheets. (Use an additional sheet of paper if necessary):

<u>Description</u>	<u>Quantity</u>	<u>Description</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LEAD TRAINING COURSE PROPOSAL CHECKLIST
(Continued)**

Name of Training Agency	Date
<input type="checkbox"/> 8:62-4.3(a)12 Attach a detailed description of the of the training course site, which includes a diagram of the classroom with layout, dimensions, and the address of the training location(s) (include both lecture and hands-on sites). Indicate what the site will be used for (i.e., lecture or hands-on). Describe the lecture facility's seating provisions (tables or desks are mandatory): <hr/> <hr/> <hr/> <hr/>	
<input type="checkbox"/> 8:62-4.3(a)13 Attach a detailed description of the procedures for conducting the assessment of the hands-on skills.	
<input type="checkbox"/> 8:62-4.3(a)14 Attach a statement explaining any restrictions on attendance, such as English only or other language to be used.	
<input type="checkbox"/> 8:62-4.3(a)15 For non-English courses, all training course materials, examinations and related course literature must be translated into the language of the course. A copy of the translated materials with written assurance that the translation is accurate and valid must be included. Note: only the worker courses can be taught in a foreign language.	
<input type="checkbox"/> 8:62-4.3(a)16 Indicate your instructor-to-student ratio for hands-on training: _____ <i>Note: Minimum permissible ratio shall be no greater than 10 students to one instructor.</i>	
<input type="checkbox"/> 8:62-4.3(a)17 Attach a copy of the written examination(s) to be administered to the trainees by the training agency. Note: Must include procedures used for validation of examination and performance results of data analysis.	
<input type="checkbox"/> 8:62-4.3(a)18 Must provide evidence that a no-smoking policy will be established, maintained and enforced during all aspects of the training.	
<input type="checkbox"/> 8:62-4.3(a)19 Must provide evidence of a quality control plan which, at a minimum, includes the following: <ol style="list-style-type: none"> 1. Procedures for periodic revision of training materials to reflect innovations in the field 2. Procedures for annual review of instructor competency 3. Procedures for administering the course examination to ensure the validity and integrity of the examination 4. Procedures for administering the hands-on skills assessment 5. Procedures for ensuring the adequacy of facilities and equipment 	
<i>All materials submitted as part of the application must be typewritten or machine printed. The applicant shall be required to successfully pass a pre-commencement inspection of the training facility(ies) conducted by representatives of the Department. The applicant shall notify the Department immediately and in writing of any change(s) in the application information occurring either prior to or after the issuance of certification.</i>	
Name of Person Completing This Form (<i>Print</i>):	
Title	
Signature	Date