

**New Jersey Department of Health and Senior Services  
Consumer and Environmental Health Services  
PO Box 369, Trenton, NJ 08625-0369  
Telephone: 609-631-6749 Fax: 609-588-7618**

**Application for Approval as a New Jersey Asbestos Course Instructor**

*Directions: Please type or legibly print unless otherwise indicated. Sections I. through VI. MUST be completed by the applicant. Sections VI and VII must be completed by the agency the applicant wishes to be employed by. Just attaching a resume is not acceptable. Note: NJDHSS does not guarantee approval for all topics applied for.*

**I. General Information**

<b>Application Type:</b> <input type="checkbox"/> First Time Application <input type="checkbox"/> Additional approval request (include copy of previous approvals)	<b>Discipline:</b> <input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	<b>Topic areas:</b> <input type="checkbox"/> General Lecture <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Health Effects <input type="checkbox"/> Work Practice Lecture <input type="checkbox"/> Hands-on
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**II. Instructor Information**

Name:	Telephone:	
Address:	State:	Zip:

**III. Certifications**

**Provide copies of all documents listed. Use additional sheet if necessary**

**Resume attached:**  Yes  No. If No, List all pertinent certifications below.

License/Permit Description/Type	State Issued By	License/Permit No.	Issue Date	Expiration Date	Type of work performed with this certification

**IV. Qualifications**

**In accordance with N.J.A.C. 8:60-6.5, instructors must meet the criteria listed below. Please complete items below:**

All applicants for instructor approval must take the NJ asbestos supervisor course and successfully complete the examination approved by the DHSS. Complete the following information:

Dates of Course:	Date Passed Exam:	Passing Score:
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<b>Additional Qualifications</b> (check all that apply)	<i>Experience in:</i> <input type="checkbox"/> Design, field performance and evaluation of air monitoring programs; <input type="checkbox"/> Design and implementation of respiratory protection programs. <input type="checkbox"/> Designing, implementing, and evaluating either employee educational programs in occupational health and safety or vocational education programs. <i>On separate page describe above items, include employer (name, telephone, address) and dates employed</i>
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**The following topic areas require additional education/experience.**

**If "health effects," "smoking cessation" or "hands-on" are checked in Section I, you must provide the following for each:**

<b>Health Effects</b>	Must be a qualified health professional. On a separate piece of paper outlining dates and description of experience, education (include dates and type of certification) and any pertinent licenses.	
<b>Smoking Cessation</b>	Must have successfully completed a course in smoking cessation approved by the NJDHSS. Attach copy of certificate.	Smoking Cessation Course Dates:
<b>Hands-On</b>	Must have a minimum of one year of experience as a NJ asbestos abatement contractor or supervisor (must provide permit/licensing information in Section III above). If necessary, on a separate piece of paper, describe experience. Include information on employer (name, telephone, address, etc.).	

**V. Applicant's 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a defendant in any civil or criminal litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VI. Applicant Statement and Signature**

The information contained in this "***Application for Approval as a New Jersey Asbestos Course Instructor***" 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. 8:60.

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.

<b>Applicant Signature</b>	<b>Date</b>
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**VII. Agency Information and Representative's Signature**

***The information below must be completed by the training provider. If incomplete the application will be rejected.***

<b>Agency Name:</b>	<b>Agency Number:</b>
<b>Agency Address:</b>	
<b>Agency Representative (print):</b>	<b>Title:</b>

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

<b>Agency Representative Signature:</b>	<b>Date:</b>
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**This application must be forwarded to the NJ Department of Health and Senior Services by the training agency**