

RI Department of Health

Application and Instructions for:

Asbestos Training Courses



Applicant Name - Please Print

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application and fee(s) made payable to General Treasurer, State of Rhode Island should be submitted to the address listed below. Please do not drop off applications to the office.

Rhode Island Department of Health
Office of Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

	CHECK ALL THAT APPLY
Asbestos Training	
Course(s) Submitted	☐ 40 Hour Initial Supervisor
(check ALL applicable	32 Hour Initial Worker
items):	☐ 24 Hour Initial Inspection Services (EPA Model Plan)
	☐ 24 Hour Initial Project Designer (EPA Model Plan)
Attach documentation to	☐ 16 Hour Initial Management Planner (EPA Model Plan)
demonstrate compliance	14 Hour Competent Person
with the appropriate	8 Hour Competent Person Annual Review
sections of subpart D.1 of	8 Hour Worker Annual Review
the Rhode Island Rules and	8 Hour Supervisor Annual Review
Regulations for Asbestos	4 Hour Inspection Services Annual Review (EPA Model Plan)
Control. Each attachment	☐ 4 Hour Management Planner Annual Review (EPA Model Plan)
must clearly identify the	│ │ │ │ │ 8 Hour Project Designer Annual Review (EPA Model Plan)
specific paragraph(s) being	
addressed.	

Please call the Center for Healthy Homes and Environment at 401-222-7796 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site: https://healthri.mylicense.com/Verification

State of Rhode Island and Providence Plantations Department of Health				
Facility Name: Please provide the name of the facility (as known to the public) for which this certificate is being requested.	Name:			
Facility Contact: Please provide the facility. Phone, Fax and Email Information	Contact Name: Phone Number: Fax Number: Email Address:			
Facility Mailing Information: Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information (Not published on HEALTH website).	Address Line 1 Address Line 2 Address Line 3 Address City, State, Zip Code Address Country Phone: Email Address:			
Facility Location Information Please provide the location information for this facility (Published on HEALTH website).	Address Line 1			
Ownership Type: Please check ONE	☐ Corporation ☐ Limited Liability Company ☐ Governmental Entity ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Partner ☐ Partner			
Ownership Information: Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name:			

Ownership Address Information: Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity. Asbestos Training Course(s) Submitted (check ALL applicable items): Fees should be in the form of a check or money order, payable to "General Treasurer, State of RI"	Address Line 1 Address Line 2 Address Line 3 Address City, State, Zip Code Phone: Fax: Email Address: CHECK ALL THAT APPLY – THEN TOTAL THE FEES 40 Hour Initial Supervisor 1.18.8 (A)(B) @ \$1100.00 32 Hour Initial Worker 1.18.8(A) @ \$900.00 24 Hour Initial Inspection Services (EPA Model Plan) @\$700.00 24 Hour Initial Project Designer (EPA Model Plan) @ \$500.00 16 Hour Competent Person (18.8 (d)/1.19.2(A) @ \$500.00 18 Hour Competent Person Annual Review (.19.2(B/C)) @ \$300.00 3 Hour Worker Annual Review (D.1.8(c)) @\$300.00 4 Hour Inspection Services Annual Review (EPA Model Plan) @\$200.00 4 Hour Inspection Services Annual Review (EPA Model Plan) @\$200.00 4 Hour Inspection Services Annual Review (EPA Model Plan) @\$200.00 4 Hour Project Designer Annual Review (EPA Model Plan) @\$200.00 5 Hour Project Designer Annual Review (EPA Model Plan) @\$300.00 TOTAL FEE(S) SUBMITTED: \$
Enforcement Actions in Other Jurisdictions: If yes, to any of these questions please provide details. Attach a separate sheet if needed.	 Has any federal, state or local jurisdiction ever revoked, suspended, an asbestos training certificate and/or other authorization to conduct asbestos training held by the applicant and/or any principal in the applicant's organization?
SSN/FEIN: (Social Security Number/Federal Employer Identification Number) If you are a sole proprietor this number may be your Social Security Number	Pursuant to Chapter 76of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.
Affidavit of Applicant Read, sign, and date this affidavit. This Application Must be Signed by the Applicant	I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed. Signature Date of Signature - (MM/DD/YY)



Asbestos Training Course Checklist

Name of Training Provider:			
Name of Training Course:			
By checking off "Yes" on a requirement, you are indicating that you are submitting proof 216-RICR-50-15-1 and this application form. By checking off "N/A" you are indicating the where this requirement is applicable. A separate checklist is required for each training countries.	hat yo	_	· · ·
	Yes	No	N/A
1. Training manager or responsible person information pursuant to $\S1.8.2(A)(1)$			
2. Training course information pursuant to §1.8.2(A)(2)-(A)(3)	□		
3. Identification and affiliation of course sponsors, if applicable, and any restriction on			
attendance pursuant to §1.18.2(A)(1) & (A)(11)			
4. Instructors (minimum of two) qualified pursuant to §§1.18.2(A)(6) & 1.18.3	□		
5. One or more qualified health professionals to teach the portion of the training course	_	_	_
concerning the health effects of asbestos pursuant to §1.18.3(A)(2)			
6. One or more individuals with work experience as an asbestos supervisor to teach the			
hands-on portion of the training course pursuant to §1.18.3(A)(3)			
hands-on training activities does not exceed 10:1 pursuant to §1.18.2(A)(12) 8. Description of training facilities pursuant to §1.18.2(A)(10)			
9. Complete copy of the EPA Model Accreditation Program (MAP) or a course outline	_	_	<u> </u>
pursuant to §1.18.2(A)(3) & (A)(15)			
10. Description of the teaching methods to be used, including any audio-visual aids		_	_
pursuant to §1.18.2(A)(4)			
11. Copy of the course manuals for instructors and students, and all additional			
hand-outs pursuant to §1.18.2(A)(5)			
12. List of equipment and supplies for both classroom lectures and hands-on training			
pursuant to §1.18.2(A)(7)-(A)(9)			
13. Copy of the course test blueprint including the number of short answer questions			
allotted for each topic, total number for each question format, and a sample test with			
the answer key pursuant to §1.18.2(A)(13)			
14. Criteria for successful completion of the training course and sample copy of a unique		_	
course completion certificate pursuant to §§1.18.1(C) & 1.18.2(A)(16)			
15. Quality Control Plan containing procedures for at least the following elements			
a) Periodic revisions of curriculum, training materials, and course testb) Ensuring adequacy of facilities, supplies, and equipment			
c) Annual review of instructors			
16. Application fee pursuant to 216-RICR-10-05-2	П		
10. Application fee pursuant to 210 Rick 10 05 2	_	_	_
By signing below, I certify that we meet all applicable requirements of 216-RICR-50-15-1 marked "Yes" above and that all information provided is true and valid to the best of my keep the control of the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and valid to the best of my keep that the provided is true and th	knowl	edge.	tached documentation of all items
Name/Title of Responsible Person:			
Signature: Date:			

of