



Approval for Supervising Lead Inspector-in-Training

This document contains certification standards for supervising lead inspectors-in-training (LIT).

Supervision is open to all licensed lead inspectors who may be interested in approval and meet the requirements as detailed in this document. The lead inspector's license must be active throughout the supervision period and have been active for at least three (3) years before supervising a LIT. Form submission is required for each LIT experience. Please thoroughly review every section of this document before submission.

<p>Lead Inspector Name</p>	<p>Name: _____ First Name Last Name</p>
<p>Lead Inspector-in-Training Name</p> <p>Supervision is restricted to one Lead Inspector-in-Training per inspection.</p>	<p>Name: _____ First Name Last Name</p>
<p>Lead Inspector License Information</p> <p>The Lead Inspector must have been active for at least three (3) years before starting supervision, and the license must be active throughout the supervision period.</p>	<p>License Number: _____</p> <p>Issue Date: _____</p> <p>Expiration Date: _____</p>
<p>Residence Information</p> <p>You are responsible for keeping the Department apprised of any changes in your contact information.</p>	<p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP code: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

<p>Business/Employment Information: Employment Information</p> <p>Please provide employment information as applicable.</p>	<p>Business Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ ZIP code: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
<p>References</p> <p>Please list three professional references.</p>	<p>Full Name: _____</p> <p>Relationship: _____</p> <p>Company: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Full Name: _____</p> <p>Relationship: _____</p> <p>Company: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Full Name: _____</p> <p>Relationship: _____</p> <p>Company: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

Signature and Attestation of Applicant	<p>I, _____, have read the <i>Lead Training, Certification and Licensing (216-RICR-50-15-11)</i> regulations and I understand the requirements for supervising Lead Inspectors-in-Training.</p> <p>I understand that action against any lead professional license issued by the Department constitutes grounds for denial or revocation of the Department's approval to supervise a Lead Inspector-in-Training for the purpose of meeting the licensure requirements in § 11.7.1(C)(4) of the above regulations.</p> <p>Signed: _____</p> <p>Date: _____</p>
The following section is to be completed by Department of Health staff only	
Department Approval of Lead Certificates and Inspection Report Issued	<p>I, _____, hold the position of _____ at the Rhode Island Department of Health. I have reviewed the lead certificates and inspection reports issued by _____ dating back three (3) years from _____ and find all such certificates and inspection reports acceptable for the purpose of apprenticeship supervision per 216-RICR-50-15-11 Section 11.7.3.2.</p>
RIDOH Staff Signature and Date of Approval	<p>Signed: _____</p> <p>Date: _____</p>

Please scan and e-mail to doh.leadprogram@health.ri.gov or mail to: Rhode Island Department of Health; 3 Capitol Hill, Room 206; Providence, RI 02908