



RI Department of Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
www.health.ri.gov

RI Department of Health

Application and Instructions for:

Lead Training Courses

Business 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 your application 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, fee and the required documents to:

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

- 1) Course certification fee(s) on page 5 in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below

Required Documentation	(A) RIDOH Lead Training Course Checklist for each course, required by 216-RICR-50-15-3.9.4(B), completed and signed by the Training Manager (B) All items required in the Lead Training Course Checklist in paper copies
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Please make a photocopy of your entire completed application for your records before mailing to the office. The center is not responsible for providing you with a photocopy of your application.

You may contact the Center for Health Homes and Environment at 401-222-7751 if you have any questions about the application process.

Please allow the center thirty (30) days to process your application.

You may check the status of your application by visiting: <https://healthri.mylicense.com/Verification>

**State of Rhode Island and Providence Plantations
Department of Health**

<p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which this certificate is being requested.</p>	<p>Name: _____</p>								
<p>Facility Contact:</p> <p>Please provide the facility. Phone, Fax and Email Information</p>	<p>Contact Name and Title: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>								
<p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information</p> <p>(Not published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Facility Location Information</p> <p>Please provide the location information for this facility</p> <p>(Published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Corporation</td> <td style="width: 50%;"><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company								
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									
<p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name and Title: _____</p> <p>DBA: _____</p>								

<p>Fees: The following fees must accompany the application:</p>	<p>CHECK ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40 Hour Initial Lead Contractor/Supervisor @ \$2,100.00 <input type="checkbox"/> 40 Hour Initial Lead Inspector @ \$2,100.00 <input type="checkbox"/> 24 Hour Initial Lead Worker @ \$1,300.00 <input type="checkbox"/> 8 Hour Initial Lead Renovator @ \$500.00 <input type="checkbox"/> 8 Hour Lead Worker Review @ \$500.00 <input type="checkbox"/> 8 Hour Lead Contractor/Supervisor Review @ \$500.00 <input type="checkbox"/> 8 Hour Lead Inspector Review @ \$500.00 <input type="checkbox"/> 16 Hour Initial Lead Assessor @ \$900.00 <input type="checkbox"/> 8 Hour Lead Assessor Review @ \$500.00 <input type="checkbox"/> 4 Hour Lead Renovator Review @ \$300.00 <p>Total Fee(s) Submitted: \$ _____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>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.</p> <p>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.</p> <p>_____</p> <p>Signature and Title</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date of Signature (MM/DD/YY)</p>



Lead Training Course Checklist

Name of Training Provider: _____

By checking off “Yes” on a requirement, you are indicating that you are submitting proof of meeting the requirement specified in Section 3.9 of 216-RICR-50-15-3. By checking off “N/A” you are indicating that you will not be teaching the type of course where this requirement is applicable.

	Yes	No	N/A
1. Training Manager qualified pursuant to §3.9.2(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Principal Instructor (minimum of one) qualified pursuant to §3.9.3(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. One or more individuals with work experience as Lead Supervisor/Worker/Renovator) to teach the hands-on portion of a Lead Renovator Training Course pursuant to §3.9.1(A)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. One or more individuals with work experience as Lead Supervisor to teach the hands-on portion of a Lead Supervisor or Lead Worker Training Course pursuant to §3.9.1(A)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. One or more individuals with work experience as a Lead Inspector/Risk Assessor to teach the hands-on portion of a Lead Inspector or Lead Assessor Training Course pursuant to §3.9.1(A)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sufficient number of instructors to ensure that the student to instructor ratio for the hands-on training activities pursuant to §3.9.1(A)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Eight to one for a Lead Supervisor/Worker/Renovator Training Course			
b) Six to one for a Lead Inspector/Assessor Training Course			
7. Training facilities pursuant to §3.9.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sample of a unique course completion certificate given to students who pass, pursuant to §3.9.18(A)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Quality Control Plan pursuant to §3.95(A)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ensuring compliance with RIDOH Rules and Regulations for the Control of Radiation [216-RICR-40-20-1], when applicable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Application fee pursuant to 216-RICR-10-05-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Complete copy of the EPA or State Model Curriculum, or a course outline pursuant to §3.9.5(A)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. List of equipment and supplies for both classroom lectures and hands-on training pursuant to §3.9.5(A)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Copy of the course manuals for instructors and students, and all additional hand-outs pursuant to §3.9.5(A)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 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 §3.9.5(A)(10).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Procedures for administering and documenting the hands-on skills assessment and course test §3.9.5(A)(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Description of the teaching methods to be used, including any audio-visual aids pursuant to §3.9.5(A)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Identification and affiliation of course sponsors, if applicable, and any restriction on attendance pursuant to §3.9.5(A)8.4(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, the Training Manager certifies that he or she has provided attached documentation of all items marked “Yes” above and that all information provided is true and valid to the best of his/her knowledge

Name of Training Provider Manager: _____

Signature: _____ Date: _____