



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

<p>Asbestos Training Course(s) Submitted (check ALL applicable items):</p> <p>Attach documentation to demonstrate compliance with the appropriate sections of subpart D.1 of the Rhode Island Rules and Regulations for Asbestos Control. Each attachment must clearly identify the specific paragraph(s) being addressed.</p>	<p>CHECK ALL THAT APPLY</p> <ul style="list-style-type: none"><input type="checkbox"/> 40 Hour Initial Supervisor<input type="checkbox"/> 32 Hour Initial Worker<input type="checkbox"/> 24 Hour Initial Inspection Services (EPA Model Plan)<input type="checkbox"/> 24 Hour Initial Project Designer (EPA Model Plan)<input type="checkbox"/> 16 Hour Initial Management Planner (EPA Model Plan)<input type="checkbox"/> 14 Hour Competent Person<input type="checkbox"/> 8 Hour Competent Person Annual Review<input type="checkbox"/> 8 Hour Worker Annual Review<input type="checkbox"/> 8 Hour Supervisor Annual Review<input type="checkbox"/> 4 Hour Inspection Services Annual Review (EPA Model Plan)<input type="checkbox"/> 4 Hour Management Planner Annual Review (EPA Model Plan)<input type="checkbox"/> 8 Hour Project Designer Annual Review (EPA Model Plan)
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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**

<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: _____</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, Zip Code _____</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, Zip Code _____</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><input type="checkbox"/> Corporation</td> <td><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: _____</p> <p>DBA: _____</p>								



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 of meeting the requirements specified in §1.18 of 216-RICR-50-15-1 and this application form. By checking off "N/A" you are indicating that you will not be teaching the type of course where this requirement is applicable. A separate checklist is required for each training course.

	Yes	No	N/A
1. Training manager or responsible person information pursuant to §1.8.2(A)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training course information pursuant to §1.8.2(A)(2)-(A)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identification and affiliation of course sponsors, if applicable, and any restriction on attendance pursuant to §1.18.2(A)(1) & (A)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Instructors (minimum of two) qualified pursuant to §§1.18.2(A)(6) & 1.18.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sufficient number of instructors to ensure that the student to instructor ratio for the hands-on training activities does not exceed 10:1 pursuant to §1.18.2(A)(12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Description of training facilities pursuant to §1.18.2(A)(10).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Complete copy of the EPA Model Accreditation Program (MAP) or a course outline pursuant to §1.18.2(A)(3) & (A)(15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Description of the teaching methods to be used, including any audio-visual aids pursuant to §1.18.2(A)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of the course manuals for instructors and students, and all additional hand-outs pursuant to §1.18.2(A)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. List of equipment and supplies for both classroom lectures and hands-on training pursuant to §1.18.2(A)(7)-(A)(9).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Quality Control Plan containing procedures for at least the following elements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Periodic revisions of curriculum, training materials, and course test			
b) Ensuring adequacy of facilities, supplies, and equipment			
c) Annual review of instructors			
16. Application fee pursuant to 216-RICR-10-05-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I certify that we meet all applicable requirements of 216-RICR-50-15-1 and have attached documentation of all items marked "Yes" above and that all information provided is true and valid to the best of my knowledge.

Name/Title of Responsible Person: _____

Signature: _____ Date: _____