



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**



Nicholas A. Toumpas
Commissioner

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José Thier Montero
Director

Application for Licensure for Lead Training Provider

New Application

Renewal Application

I. APPLICANT INFORMATION

| | | |
|---|--|----------|
| Entity Name | | |
| Trade names, acronyms or other identifiers under which the applicant has performed lead abatement or inspection training. _____ _____ | | |
| Principle Address | | |
| Mailing Address (if different from above) | | |
| City | State | Zip Code |
| Phone Number | Fax Number | |
| E-mail (Required) | Date Corporation or Firm was Organized | |
| Name & Title of Training Manager | | |
| Name of Principle Instructors and Discipline Taught <u>are they licensed in lead abatement?</u> | Y | N |
| _____ | o | o |
| Name of Guest Instructors and Areas Taught <u>are they licensed in lead abatement?</u> | Y | N |
| _____ | o | o |

II. TRAINING COURSES YOU WOULD LIKE TO OFFER (must include NH rules)

Please indicate with a “✓” check mark which disciplines will be offered. No provider shall be certified to offer a refresher program without being certified to offer an initial program in the same discipline.

| | | Fee | |
|--|-------|--------------|-----------|
| For certification of a lead educational program, the application fee shall be \$300 | \$300 | \$300 | |
| (\$200 for each discipline offered. Initial and Refresher is considered one discipline.) | | | |
| | | Initial | Refresher |
| Lead Abatement Worker | \$200 | | |
| Lead Abatement Supervisor/Contractor | \$200 | | |
| | | Initial | Refresher |
| Lead Inspector | \$200 | | |
| Lead Risk Assessor | \$200 | | |
| Total | | \$ _____ | |

III. LICENSING HISTORY

(Please check.)

| | Yes | No |
|--|-----------------------|-----------------------|
| Have you previously applied for a Lead Training Provider certificate in the State of New Hampshire? If “Yes”, please give the year: _____ | <input type="radio"/> | <input type="radio"/> |
| Have you ever held a New Hampshire Lead Training Provider certificate? If “Yes”, please list: Date of last licensure: _____ License number: _____ | <input type="radio"/> | <input type="radio"/> |
| Is your entity licensed, certified, or permitted as a Lead Training Provider in any state other than New Hampshire? If “Yes” please list: | <input type="radio"/> | <input type="radio"/> |
| Licensure or Certification | State | |
| | | |
| | | |
| | | |
| | | |

Yes No (Please check the appropriate box.)

Yes No

| | | |
|--|-----------------------|-----------------------|
| Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) <u>against you or any of the instructors</u> , which resulted from, lead-base substance abatement or inspection activities within the past 10 years? If “Yes”, please explain: | <input type="radio"/> | <input type="radio"/> |
| | | |
| | | |
| | | |

CHECKLIST OF REQUIRED DOCUMENTATION

(Renewal applicants must provide any new or updated information)

- For each course, or refresher-training course, a copy of the course agenda, which includes all required course curriculum topics set forth in He-P 1611.
- A copy of all student manuals, instructor notebooks and handouts. (electronic or hard copy)
- A description of audiovisual aids and all other course materials used.
- A copy of the blueprints for all course examinations, which shall:
 - Describe the proportion of test questions devoted to each major course topic; and
 - Provide a detailed description of the procedures for assessment and testing of participant's hands-on skills in all topics required under He-P 1611.03.
- A description of the hands-on training that will be provided, including the protocol for instruction, and the student to instructor ratio.
- A detailed description of the facilities and equipment available for both lecture and hands-on training.
- A description of the qualifications of the training manager, principal instructors and guest instructors and the topics and skills to be taught by each instructor.
- An example of the numbered certificates as described in He-P 1611.04, to be issued to students who pass the course.
- A list of all state and federal agencies which have certified, accredited, or given other forms of approval to the applicant to provide lead training, including the name, address and telephone number of the person, department, or agency giving such approval and copies of all such written approvals.
- The following documentation for each training manager, principal instructor and guest instructor currently employed by the applicant:
 - Photocopies of licenses, certificates or other documents, which have been issued and certified as accurate by another state or jurisdiction.
 - Photocopies of official academic transcripts issued and certified as accurate by the relevant educational institutions.
 - Resumes, letters of reference from current or previous employers, and records of work experience.
- Include application fee and make check or money orders payable to "**Treasurer, State of NH**". Initial application fee for lead application program (**\$300**) plus (**\$200**) for each additional discipline offered. Incomplete applications will not be processed.

V: STATEMENT OF COMPLIANCE

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Applicant Signature

Date

VI: MAILING INSTRUCTIONS

Send completed application to:

**New Hampshire Department of Health & Human Services (NH DHHS)
Division of Public Health Services
Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)
29 Hazen Drive
Concord, NH 03301-6504
ATTN: Lead Licensing
PHONE: 603-271-4507**