

WISCONSIN LEAD (Pb) COURSE ACCREDITATION

INITIAL OR RENEWAL APPLICATION

Under sections 254.115 and 250.041, Wis. Stats., an individual must provide his or her Social Security Number and a company must provide the company's Federal Employer Identification Number in order to be certified, licensed, etc. This information will be used to deny or revoke certification of persons who are delinquent on payment of taxes or child support.

[Print clearly or type.](#)

TRAINING COURSE INFORMATION

Initial Course Refresher Course (Check appropriate box)

Title of Training Course

Course Training Provider

Federal Employer Identification Number (FEIN), or explain why company does not have one

Mailing Address

City State Zip+4

Records Address

City State Zip+4

Training Manager Name (First and Last) Telephone Number
()

Fax Telephone Number Email Address
()

Other states/tribes/EPA that currently approve this course

TRAINING SITE(S) LOCATION- Provide the address of where the course will be taught if different from the mailing address.

Primary Site Street Address City State Zip + 4

Secondary Site Street Address City State Zip + 4

OWNER INFORMATION

Name (First and Last)

Mailing Address City State Zip + 4

Telephone Number Percentage of ownership

Name (First and Last)

Mailing Address City State Zip + 4

Telephone Number Percentage of ownership

Name (First and Last)

Mailing Address City State Zip + 4

Telephone Number Percentage of ownership

Name (First and Last)

Mailing Address City State Zip + 4

Telephone Number Percentage of ownership

FEES

Both the application and accreditation fees are submitted with Course Accreditation Initial Applications. Submit only the accreditation fee for Course Accreditation Renewal Applications. Make check or money order payable to DHS in the following amounts:

Application Fee (For initial application only)

Accreditation Fee (For initial and renewal applications)

- Initial Course \$200.00
 Refresher Course \$125.00

- 2 years = number of hours in course x \$25.00
 4 years = number of hours in course x \$50.00 (Full Accred. Only)

COMPUTER SOFTWARE

It is encouraged for the training providers to use Microsoft compatible software. The Asbestos and Lead Section sends information in the form of a Microsoft program. Check a box below and list any other software used.

Wordprocessing Software

Microsoft Word Other:

Spreadsheet Software

Microsoft Excel Other:

Presentation Software

Microsoft Power Point Other:

Email Access

Yes No

Internet Access

Yes No

AFFIDAVIT OF ACCREDITATION COMPLIANCE

I affirm by my signature that the submitted training course, all relevant training materials and personnel comply with the requirements of the State of Wisconsin, Department of Health and Family Services under ch. DHS 163, Wis. Adm. Code, including the record and reporting requirements under s. DHS 163.25.

SIGNATURE – Training Program Manager

 Date Signed (mm/dd/yy)

ATTACHMENTS

Check that all of the following materials are attached and submitted with this application form.

For renewal applications, submit only this completed application form, the accreditation fee, and any curriculum changes or revised course materials.

- Lead (PB) Course Application and Accreditation Fees. Make the check or money order payable to DHS
- Copies of EPA and/or State Approval Letters (if applicable)
- Index of submitted materials
- Training Manager Application (if needed)
- Training Course Description
- Training Resources Description
- Recordkeeping Description
- Course Registration Plan
- Name of Course Personnel including the Training Manager, Principal, and Guest Instructors
- Quality Control Plan
- Course Materials
 - Course Agenda
 - Student Course Manual, course materials, and handouts
 - Instructor Manual
 - Completed Topical Analysis Worksheets
 - Course Test & Answer Key
 - Course Test Blueprint
 - Notification of Student Test Scores Form
 - Course and Instructor Evaluation Form
 - Course Completion Certificate
 - Sample of Course Advertisement

If you have questions please call (608) 261-6876. If mailing, use the Mailing Address listed below. Applications may be hand delivered to the Street Address.

Return completed application and all required attachments to:

Mailing Address

Department of Health Services
 Asbestos and Lead Section, Rm 137
 P.O. Box 2659
 Madison WI 53701-2659

Street Address

Department of Health Services
 Asbestos and Lead Section
 One West Wilson Street, Room 137
 Madison WI 53702

DHS Use Only

WALDO Course No.	Entered in WALDO
Fee Received	Date Received