

## TRAINING COURSE ACCREDITATION APPLICATION LEAD DISCIPLINES

Social Security numbers (SSN) are required to determine delinquency in payment of child support or state taxes, but will not be made available to the public. If found delinquent, accreditation will be denied under Wis. Stat. §§ 250.041 or 254.115.

<b>TRAINING COURSE INFORMATION</b>		For DHS Use Only – DHS Course No.	
Course Discipline			<input type="checkbox"/> Initial <input type="checkbox"/> Refresher
Company Name		DHS Company Number	
Training Manager Name – First	Middle	Last	
Email Address		Phone Number	
Mailing Address	City	State	Zip Code
Records Address (if different)	City	State	Zip Code

<b>CLASS LOCATION</b> (If more than two class locations, attach separate sheet listing them.)			
Location 1: Address		City	Wisconsin
Location 2: Address		City	Wisconsin

<b>TRAINING COMPANY OWNERS</b> (If more than two owners, attach separate sheet listing them.)			
Owner 1: Name - First		Last	SSN
Percent owned	Email Address		Phone Number
Mailing Address	City	State	Zip Code
Owner 2: Name - First		Last	SSN
Percent owned	Email Address		Phone Number
Mailing Address	City	State	Zip Code

**FEES** Enclose check or money order payable to **DHS**.

Select correct application fee and calculate accreditation fee. Add application and accreditation fees to determine total due.

- |   |  |
|---|--|
| <b>1) Application Fee</b><br><input type="checkbox"/> Initial course      \$200<br><input type="checkbox"/> Refresher course    \$125 | <b>2) Two-Year Accreditation Fee</b><br>Multiply the number of required course hours by \$25. (See list below)<br>Course hours _____ x \$25 = \$_____ Accreditation fee. |
|---|--|
- 3) Total payment:** Application + Accreditation fee \$\_\_\_\_\_ fee \$\_\_\_\_\_ = Total payment enclosed: \$\_\_\_\_\_

The application fee is nonrefundable. The accreditation fee *is* refundable if accreditation is denied, the training provider does not owe other fees to DHS, or a denial is appealed and upheld.

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| Lead-Safe Renovation Initial – 8 hours<br>Lead Abatement Work Initial – 8 hours<br>Lead Abatement Supervision Initial – 16 hours<br>Lead Project Design Initial – 8 hours<br>Lead Sampling Initial – 8 hours<br>Lead Inspection Initial – 16 hours<br>Lead Hazard Investigation Initial – 16 hours | Lead-Safe Renovator Refresher – 4 hours<br>Lead Abatement Worker Refresher – 8 hours<br>Lead Abatement Supervisor Refresher – 8 hours<br>Lead Project Designer Refresher – 4 hours<br>Lead Sampling Refresher – 4 hours<br>Lead Inspector Refresher – 8 hours<br>Lead Hazard Investigator and Risk Assessor Refreshers – 8 hours |
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**REQUIRED ATTACHMENTS**

Use the following checklist to ensure your application is complete. Incomplete applications will be returned to you for completion and resubmittal without further review.

**Application and accreditation fees** by check or money order made payable to DHS.

**Lead Company Application, (F-00171) and fee**, if not already submitted.

**Index of submitted materials.**

**Training Manager Application (F-44062)**, if not already submitted.

**Certificates of approval** from any other jurisdictions that already approve this course, such as the U.S. Environmental Protection Agency, other states, or tribes (if applicable).

**Course description** including major topics covered, course length in days, and training hours per day, excluding lunches and breaks.

**Training resource description** including the classroom and any field sites, as well as audiovisual and materials for hands-on exercises.

**Recordkeeping description** explaining the types of records that will be kept and for how long, the location at which the records will be kept, and the normal business hours for that location.

**Course registration plan** to advise students of the education and experience qualifications of the discipline, and to admit only students who meet the age requirement as shown on valid form of official photo ID, and who have completed any prerequisite training courses.

**Names of principal and guest instructors.**

**Quality control plan** describing how the training manager will ensure compliance with Wis. Admin. Code ch. DHS 163, annually evaluate training instructor’s competency and course materials, maintain the validity, integrity, and security of course tests and hands-on skills tests, and ensure the training manager’s attendance at trainer meetings and other trainings when invited by the department.

**Course Materials**

**Agenda** with scheduled times for each day of training, major topics with times allocated, hands-on training segments with times allocated and all break and lunch periods.

**Student manual** with any other course materials and handouts.

**Instructor manual** with learning objectives, training outlines, time frames, teaching methods for each topic and hands-on exercise, and audio visual materials like slide presentations and videos to be used.

**Topical analysis worksheet** completed to show where required topics are covered in the student course materials.

**Course test with answer key.**

**Test blueprint** showing the test reflects the course content and learning objectives.

**Score report and test policy** for notifying students of their test scores and re-administering the test to those who failed.

**Evaluation forms** for students to evaluate the course and instructor.

**Sample training diploma** (certificate of course completion).

**Samples of any proposed advertisements.**

**SIGNATURE**

I affirm that all information on this application is true and correct. I understand that all training materials and personnel must comply with the requirements of Wis. Admin. Code ch. DHS 163, and affirm that this course meets all requirements.

\_\_\_\_\_  
SIGNATURE – Training Program Manager

\_\_\_\_\_  
Date Signed

**Mail or personally deliver this form, with fees, and all required attachments to:**

Department of Health Services  
Lead and Asbestos Section  
1 W Wilson St, Rm 137  
Madison WI 53703-3445

If you have questions, call 608-261-6876.

**For DHS Use Only**

Company Check No. \_\_\_\_\_

Personal Check No. \_\_\_\_\_

Money Order No. \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Accreditation Fee \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Deposit Date \_\_\_\_\_