

Training Accreditation Review Sheet

Training Provider:_____

Location:_____

Phone:_____

Training Manager:_____

Date Received:_____

_____ **Completed Application (all information indicated)**

_____ **Appropriate Fee**

_____ **Submission of Accreditation Packet**

_____ **List of training courses proposed for accreditation**

_____ **Training Manager Qualifications:**

_____ Two or more years education or training experience

_____ A bachelor or graduate degree in Building Construction Technology, Engineering, Industrial Hygiene, Safety, Public Health, Education, Business Administration, or Program Management

_____ Two or more years experience managing an occupation health and safety program specializing in environmental hazards

_____ Experience in the construction industry, in Lead or Asbestos Abatement, Painting, Carpentry, Renovation, Remodeling, Occupation Safety and Health, Industrial Hygiene or a related field.

_____ **Principal Instructor Qualifications**

_____ Two years experience in adult education and training

_____ Completed an EPA-model or department approved initial course that the principal instructor will teach, except the worker course

_____ Experience, education or training in Lead or Asbestos Abatement, Painting, Carpentry, Renovating, Remodeling, Occupational Safety and Health, or Industrial Hygiene

