FUND CODE: 50207 52362 2145

Lead-Based Paint Activities and Renovation

Post-Training Notification

Program Code #: RRPSF
Order ID # _____
Pay with Credit Card

Important: The training manager must send the post-training notification form to the Oregon Health Authority (OHA) within 10 business days of course completion. For renovation courses, submit the $50 student fee and Post-Training Notification form to OHA, PO Box 14260, Portland, OR 97293. Please report student information on the OHA provided Student Roster spreadsheet. If possible, email the Student Roster and student photos to lead.program@state.or.us or save on a CD and mail to the Oregon Health Authority, 800 NE Oregon St., Suite 640, Portland, OR 97232.

A. Training Program

Name:_____ Accreditation Number:_____
(Example: 41R050)

Address:_____
Street City State Zip Code

Telephone:_____ e-mail:_____

B. Course Information

Discipline: ☐ Inspector ☐ Project Designer ☐ Risk Assessor ☐ Supervisor ☐ Worker
☐ Renovator ☐ Dust Sampling Technician

Type: ☐ Initial ☐ Refresher

Language Presented: ☐ English ☐ Spanish ☐ Other**:** _____

Training Dates: from _____ to_____
Month/Day/Year Month/Day/Year

Training Location Address:_____
Street City State Zip Code

C. Student Information: In addition to providing the Post-Training Notification form, all Oregon accredited training providers are required to submit a Student Roster. If possible, submit student roster electronically (e-mail or CD). Please contact us if you have not received a copy of the Student Roster spreadsheet.

The following information must be provided for each student who took the course: student's full name, date of birth; address, test score, course certificate number and issue date. For renovator or dust sampling courses, a digital photograph of each student must also be submitted with the Student Roster

D. Training Managers Information (Signature required)

I hereby attest and affirm that the information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information.

Name_____ Signature_____ Date_____