FUND CODE: 50207 52362 2145



Lead-Based Paint Activities and Renovation

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

Post-Training Notification

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 leadprogram@odhsoha.oregon.gov or save on a CD and mail to the Oregon Health Authority, 800 NE Oregon Stute 640, Portland, OR 97232.

A. Training Program						
Name:		Accreditation Number:				
	(Example: 41R050)					
Address:Street			City	State Zip	o Code	
Telephone:_	e-mail:					
B. Course I	Information					
Discipline:	☐ Inspector	Project Designer	Risk Assessor	☐ Supervisor	Worker	
☐ Renovator ☐ Dust Sampling Technician						
Type:	☐ Initial	☐ Initial ☐ Refresher				
Language Pr	esented:	English Span	ish Other:			
Training Da	ites: from	D /V	to	(D. (N)		
Month/Day/Year			Month/Day/Year			
Training Location Address: Street			City	State	Zip Code	
training pro	viders are require	addition to providing ed to submit a Student as if you have not rece	Roster. If possible, s	ubmit student roste	er electronically (e-	
birth; address	ss, test score, cou	nust be provided for earse certificate number udent must also be su	and issue date. For r	enovator or dust sa		
D. Training	g Managers Info	rmation (Signature re	equired)			
of my belief	f and knowledge.	t the information included that an acknowledge that an acce was based on income.	ny approval authorize	d pursuant to this i		
Name Signat		ature		Date		