



## Oregon Lead-based Paint Program

### Training Provider Application for Accreditation Renovation, Repair and Painting (RRP) Training Program

<b>OFFICIAL USE ONLY</b>	Index/PCA: 50207 52362 2670
Date Received: _____ Amount Received: _____ Reviewer: _____	

#### A. APPLICATION TYPE

**New Training Provider** applying for:  
 First-time accreditation in Oregon

**Oregon Accredited Training Provider** applying for:

- Accreditation of new training course  
 Reaccreditation (*see Section I*)  
 Amendment to current accreditation:  
 New training manager    New instructor    New training location    Other: \_\_\_\_\_

Program Code #: RRPTA  
 Order ID # \_\_\_\_\_  
[Pay with Credit Card](#)

#### B. COURSES    Check the course(s) for which you are applying for accreditation and/or reaccreditation:

Course Type & Discipline	Fees:	
	Accreditation	Reaccreditation
Initial – Renovator	<input type="checkbox"/> \$560	<input type="checkbox"/> \$340
Initial – Renovator (non-English*)	<input type="checkbox"/> \$560	<input type="checkbox"/> \$340
Initial – Renovator (online)	<input type="checkbox"/> \$560	<input type="checkbox"/> \$340
Initial – Dust Sampling Technician	<input type="checkbox"/> \$560	<input type="checkbox"/> \$340
Initial – Dust Sampling (non-English*)	<input type="checkbox"/> \$560	<input type="checkbox"/> \$340
Initial – Dust Sampling (online)	<input type="checkbox"/> \$560	<input type="checkbox"/> \$340
Refresher – Renovator	<input type="checkbox"/> \$400	<input type="checkbox"/> \$310
Refresher – Renovator (non-English*)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$310
Refresher – Dust Sampling Technician	<input type="checkbox"/> \$400	<input type="checkbox"/> \$310
Refresher – Dust Sampling (non-English*)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$310
Refresher – Dust Sampling (online)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$310

\*Language of non-English training course(s): \_\_\_\_\_

**Total fees** for all courses checked: \$ \_\_\_\_\_

#### C. TRAINING PROVIDER INFORMATION

Name of Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address (*if different from above*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Application for Accreditation** (continued)

Please list all training locations. Attach additional pages as needed.

Training Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you plan to provide training at non-permanent facilities?  Yes  No

If yes, please attach non-permanent site selection criteria and list of non-permanent training facilities (if known).

Have you been accredited to provide lead-based paint training by EPA or in any other state or tribal jurisdictions?  Yes  No

If yes, list jurisdiction and check accredited courses: \_\_\_\_\_ Accreditation number: \_\_\_\_\_

Renovator: Initial  Refresher   
Dust Sampling Technician: Initial  Refresher

**D. TRAINING MANAGER INFORMATION**

Training Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TRAINING MANAGER ELIGIBILITY REQUIREMENTS:**

The training manager must meet the eligibility requirements described in OAR 333-070 (and, by reference, 40 CFR 745.225). Review those requirements and select the education and/or experience options in Sections 1 and 2 below that best describe the training manager's eligibility. You must submit the requested documentation with this application.

**Section 1. Teaching Workers or Adults Requirement – REQUIRED**

Check either A, B or C below and provide supporting documentation:

<b>A – Adult Education Experience or Training</b>	<b>B – Training Management Experience</b>	<b>C – Higher Education</b>
<input type="checkbox"/> At least two (2) years of experience, education, or training in teaching workers or adults.	<input type="checkbox"/> Two (2) years of experience managing an environmental hazards training program.	<input type="checkbox"/> Bachelor's or graduate degree in building construction technology, engineering, industrial hygiene, safety, public health, education, business administration or program management or a related field.
<i>Submit resume outlining qualifying experience and provide supporting documentation.</i>	<i>Submit resume outlining qualifying experience and provide supporting documentation.</i>	<i>Submit a copy of diploma or official college transcripts.</i>

**Section 2. Construction Industry Requirement – REQUIRED**

Check the qualifying construction-related experience, education or training and provide supporting documentation:

<input type="checkbox"/> Painting _____ years	<input type="checkbox"/> Lead Abatement _____ years
<input type="checkbox"/> Construction _____ years	<input type="checkbox"/> Asbestos Abatement _____ years
<input type="checkbox"/> Industrial Hygiene _____ years	<input type="checkbox"/> Occupational Safety _____ years
<input type="checkbox"/> Weatherization/Rehab _____ years	<input type="checkbox"/> Environmental Consulting _____ years
<input type="checkbox"/> Other _____ years Describe: _____	
<i>Submit resume outlining qualifying experience and provide supporting documentation.</i>	

**E. PRINCIPAL INSTRUCTOR INFORMATION:**

Principal Instructor Name: \_\_\_\_\_  
 (If more than one, attach additional pages as needed.)

**PRINCIPAL INSTRUCTOR ELIGIBILITY REQUIREMENTS** (Attach a separate sheet for each individual):

The principal instructor must meet the eligibility requirements described in OAR 333-070 (and, by reference, 40 CFR 745.225). Review those requirements and select the education and/or experience options in Sections 1, 2 and 3 below that best describe the principal instructor’s eligibility. You must submit the requested documentation with this application.

**Section 1. Teaching Workers or Adults Requirement – REQUIRED**

Check either A, B or C below and provide supporting documentation:

<b>A – Experience in Teaching Adults</b>	<b>B – Training</b>	<b>C – Higher Education</b>
<input type="checkbox"/> Experience in teaching workers or adults.	<input type="checkbox"/> Training in teaching workers or adults.	<input type="checkbox"/> Bachelor's degree or higher in education/adult education.
Submit <b>resume</b> outlining qualifying experience and provide supporting documentation.	Submit <b>resume</b> outlining qualifying experience and provide supporting documentation.	Submit a copy of <b>diploma or official college transcripts</b> .

**Section 2. Lead-Specific Training – REQUIRED**

<input type="checkbox"/> Successful completion of at least 8 hours of any Lead-Based Paint Activities or Renovation, Repair and Painting training course from a training provider accredited by OHA, EPA or an EPA-authorized state or tribe.
Submit applicable <b>training certificate(s)</b> .

**Section 3. Construction Industry Requirement – REQUIRED**

Check the qualifying construction-related experience, education or training and provide supporting documentation:

<input type="checkbox"/> Painting _____ years	<input type="checkbox"/> Lead Abatement _____ years
<input type="checkbox"/> Construction _____ years	<input type="checkbox"/> Asbestos Abatement _____ years
<input type="checkbox"/> Industrial Hygiene _____ years	<input type="checkbox"/> Occupational Safety _____ years
<input type="checkbox"/> Weatherization/Rehab _____ years	<input type="checkbox"/> Environmental Consulting _____ years
<input type="checkbox"/> Other _____ years Describe: _____	
Submit <b>resume</b> outlining qualifying experience and provide supporting documentation.	

**Guest Instructors** – List the names of guest instructors and the topic(s) they will teach:

Name: \_\_\_\_\_ Topic(s): \_\_\_\_\_

Name: \_\_\_\_\_ Topic(s): \_\_\_\_\_

**F. LEAD-BASED PAINT ACTIVITIES OR RENOVATION, REPAIR & PAINTING VIOLATIONS**

Does training program have any **past, present, or pending** lead-based paint activities (LBPA) or renovation, repair and painting (RRP) disciplinary action, suspension or citation of violations by any administrative agency, including but not limited to EPA, CCB, OSHA, or DEQ?  Yes  No (If yes, please attach written explanation.)

**G. COURSE TRAINING MATERIALS**

**Curriculum** – I certify that I am using the course training materials as marked below for each course for which I am seeking accreditation, as required by OAR 333-070 (and, by reference, 40 CFR 745.225).

- Using EPA model training curriculum or curriculum that has been approved by an EPA-authorized state or tribe:
  - Submit a copy of any training materials you have **added or changed** from model curriculum
  - Submit **first 5 pages** of student and instructor training manuals for each course

**Application for Accreditation** *(continued)*

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- Other training materials *(please describe)*: \_\_\_\_\_
- Submit a copy of your **complete training curriculum**, including complete student and instructor training manuals, course agenda with time allocation for each topic, and any other materials such as handouts to be used in class.

**Course Test** – I certify that I am using the course test as marked below for each course for which I am seeking accreditation:

- Using **current version** of EPA model course test (*Test #3*)
- Other test *(please describe)*: \_\_\_\_\_
- Submit **course test blueprint** listing the portion of test questions devoted to each major course topic.

## **H. ATTACHMENTS**

Attach the following application materials for each training course:

- Documentation of accreditation by EPA or an EPA-authorized state or tribe *(if applicable; see Section C)*
- Description of the facilities, equipment and supplies to be used for each course *(see Section C)*
- Resume and other supporting documentation for training manager & principal instructor(s) *(see Sections D & E)*
- Course manual, agenda and other training materials for each course *(see Section G)*
- Copy of the course test and blueprint for each course *(if applicable; see Section G)*
- Description of hands-on activities and procedures for assessing hands-on skills, including the following elements:
- List of hands-on topics covered
  - Activities performed for each hands-on topic
  - Procedures for evaluating student proficiency for each skill
  - Hands-on skills assessment sheet
- Quality Control Plan that contains the following elements:
- Procedures for periodic revision of training materials and course test to reflect regulatory changes & innovations in the field
  - Procedures for the training manager's annual review of principal instructor competency
  - Description of record-keeping procedures, notification procedures, and digital photograph submission procedures
  - Student-to-instructor ratio for hands-on training
  - Maximum class size
- Course completion certificate requirements, identification number protocol, and sample certificate
- For non-English courses *(if applicable)*:
- A signed Statement of Authenticity to verify that a qualified, independent translator has compared the course to the English language version and found the translation to be accurate
  - Documentation of translator's qualifications
- For online courses *(if applicable)*: A link and access to the online training course
- Check or money order payable to Oregon Health Authority

## **I. REACCREDITATION APPLICANTS ONLY**

For reaccreditation applications, include the following additional documents:

- List of all current instructors
- List of last 25 courses held for Renovator and/or Dust Sampling Technician training. Include date, number of students trained, instructor's name, location of training, and dates of pre- and post-training notifications submitted to OHA.

Describe any changes to training facilities, equipment or course materials since the training program's last application was approved. Attach additional pages as needed.

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**J. ADDITIONAL INFORMATION**

Please add any additional information or comments that you feel are relevant and would like OHA to consider with your application. Attach additional pages as needed.

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**K. CERTIFICATION STATEMENT AND SIGNATURE**

I certify that the lead-based paint training program described in this application, including any attachments, meets the requirements established in OAR 333-070 (and, by reference, 40 CFR 745.225). I hereby attest and affirm that the information included on this application, including any attachments, is true and correct to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to OAR 333-070 (and, by reference, 40 CFR 745.225) and conduct lead-based paint training only in those fields for which I have received accreditation. A false statement on this form may lead to prosecution or to imposition of applicable criminal and civil penalties and/or administrative remedies.

I understand that this application is subject to verification. I agree to provide any additional documentation as required. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application. I also understand that completion and submission of this application does not guarantee accreditation as a lead-based paint training provider by the Oregon Health Authority and that all fees are non-refundable.

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*Training Manager's Signature*

*Date Signed*

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*Training Manager's Printed Name*

Mail complete application packet and payment to:

**Oregon Health Authority  
Lead-based Paint Program  
PO Box 14260  
Portland, OR 97293-0260**

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For questions, contact [lead.program@state.or.us](mailto:lead.program@state.or.us) or 971-673-0440.