

**Cabinet for Health and Family Services
Kentucky Department for Public Health**

Application for Lead-Hazard Training Accreditation (Please Print Clearly)

Applicant Information

Training Provider Name: _____

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ Fax Number: _____ Email: _____

Discipline

If renewing, Certification Number: _____

Courses	Initial	Renewal	Additions
Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshers			
Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	_____	_____	_____

Initial Accreditation:

\$200 Review Fee + (____ # of courses x \$200) =

Total Fees _____

Renewal Accreditation:

\$100 Review Fee + (____ # of courses x \$150) =

Total Fees _____

Course Additions:

\$100 Review Fee + (____ # of courses x \$150) =

Total Fees _____

Additional Required Documents:

Please submit all additional requirements in letter form per 902 KAR 48:030.

Please make all checks out to Kentucky State Treasurer.

Disclaimer and Signature

This is to affirm that the above (and attached) information is accurate and has been provided by me:

Signature: _____ Date: _____

For Department For Public Health Use Only

Check: _____ Amount: _____

Date Received: _____ Processed By: _____



Mail To:
Accreditation
Environmental Lead Program
275 East Main Street HS1EB
Frankfort, KY 40621

