



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
 Bureau of Air
 Kansas Residential Lead Hazard Prevention Program
 1000 SW Jackson Street, Suite 310, Topeka, KS 66612
 Toll free: (866) 865-3233 Fax: (785) 599-4246
 Email: kdhe.lead@ks.gov Website: www.kshealthyhomes.org



INSTRUCTIONS AND GUIDANCE FOR THE TRAINING PROVIDER ACCREDITATION APPLICATION

Please print clearly or type all the information requested on the application.

If your business is a corporation, limited partnership, limited liability company or limited liability partnership please provide the Federal ID number and the Kansas Secretary of State's Business Entity ID number. Information about registering a business with the Kansas Secretary of State is available online at www.kssos.org or by phone at (785) 296-4564. The business must be registered with the Kansas Secretary of State and in good standing.

The processing time for completed applications is generally 30 business days. Applications are processed in the order they are received and may take up to 30 days during peak renewal times. Submitting an incomplete application will delay processing. If you do not receive an incomplete application notice or your license within 30 days, please contact our office.

The following information is required to be submitted with this Training Provider Accreditation application for initial accreditation:

- Copy of the student manual
- Copy of the instructor manual
- Course agenda
- Course examination blueprint and copies of exam A and exam B
- Copy of the quality control plan
- Copy of a sample course certificate
- A description of the facilities and equipment to be used for lectures and hands-on training
- A description of the activities and procedures that will be used for conducting the skills assessment for each course
- Documentation supporting the training manager and principal instructor(s) qualifications
- Payment for the nonrefundable course accreditation fees specified in K.A.R. 28-72-3

Please mail the completed application and documents to:
 Kansas Residential Lead Prevention Program
 1000 SW Jackson, Suite 310
 Topeka, KS 66612

If you have questions regarding this application, please contact our office. We would be happy to assist you!



TRAINING PROVIDER ACCREDITATION APPLICATION

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 Kansas Residential Lead Hazard Prevention Program
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General Information:

All sections of this application are required to be completed. If an application is incomplete, you will be notified and will have 30 days to submit the additional information. All payments for accreditation are non-refundable as specified in K.A.R. 28-72-4. Fee exemptions are available for federally recognized Indian tribes, local government or nonprofit organizations. A letter of determination issued by the IRS must be submitted with this application to receive an exemption.

PART A: BUSINESS INFORMATION			
Business or Organization Name As It Is To Appear On The License			
Business Legal Owner(s) Name			
Business Street Address			
City	State	Zip	County
Phone Number		Fax Number	
Current Kansas Lead Activity Firm License Number		E-mail Address	

PART B: TYPE OF OWNERSHIP				
<input type="checkbox"/> Sole Proprietor or General Partnership: Social Security Number(s)	<table border="1" style="width:100%; height: 30px;"> <tr><td> </td></tr> </table> <table border="1" style="width:100%; height: 30px;"> <tr><td> </td></tr> </table> <table border="1" style="width:100%; height: 30px;"> <tr><td> </td></tr> </table>			
<input type="checkbox"/> Corporation, LLC, LP, or LLP Federal ID Number Business Entity ID Number	<table border="1" style="width:100%; height: 30px;"> <tr><td> </td></tr> </table> <table border="1" style="width:100%; height: 30px;"> <tr><td> </td></tr> </table>			
<input type="checkbox"/> Government entity/agency or school district Federal ID Number	<table border="1" style="width:100%; height: 30px;"> <tr><td> </td></tr> </table>			

PART C: TRAINER INFORMATION

Training Manager

First Name	Last Name	Date of Birth
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Principal Instructor(s)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Guest Instructor(s)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

PART D: TRAINING LOCATION(S)

Please list all locations trainings will be conducted. If additional space is needed, please attach a list with the application.

Street Address	City	State	Zip

PART E: DESCRIPTION OF CHANGES. (Initial Applicants skip to Part F)

Please describe any changes to the training facility, equipment or course materials since your last application below:

- No changes to training facility, equipment or course materials

PART F: ACCREDITATION FEES

Listed below are the fees associated with each type of course you can become accredited to teach. A standard \$500.00 fee is required plus the fees specific to each type of course. If a training course is taught in more than one language, a separate accreditation fee shall be required for each version of the training course.

Please choose all desired courses:

Initial Accreditation Fees						
Course Type		Course Language				
Course	Initial	Refresher	English	Spanish	Other	If other, specify
Lead Safe Work Practices	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Abatement Worker	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Abatement Supervisor	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Inspector	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Assessor	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Designer	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Re-Accreditation Fees						
Course Type		Course Language				
Course	Initial	Refresher	English	Spanish	Other	If other, specify
Lead Safe Work Practices	<input type="checkbox"/> No fee	<input type="checkbox"/> No fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Abatement Worker	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Abatement Supervisor	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Inspector	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Assessor	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Designer	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PART G: CERTIFICATION

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations; and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations. I also attest and affirm that I will conduct lead training only in those occupations in which I have received accreditation.

Signature of Business Owner

Date

Signature of Business Owner

Date

Signature of Business Owner

Date

Credit Card Authorization

If you would like to pay for the fee with a credit card, please complete the information below.
Cards accepted are VISA, MASTERCARD, and DISCOVER.

Credit Card Type: Visa Mastercard Discover

Card Number	Expiration Date (Month/Year)	
Card Holders Name as it appears on the Card		
Billing Address for the Card		
City	State	Zip
Telephone Number	Email address to send receipt of transaction	

Total Amount to be charged to card: \$ _____

Signature Authorizing Credit Card Transaction: _____

Printed Name of Authorizing Individual: _____