



LEAD INSTRUCTOR APPLICATION

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|------------------------------|------------------------------|
| RCVD DATE: _____ INIT: _____ | APRV DATE: _____ INIT: _____ |
|------------------------------|------------------------------|

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|-------------------------------|--------------------------|----------------------|
| I am applying to be a: | <input type="checkbox"/> | Training Manager |
| | <input type="checkbox"/> | Principal Instructor |

| EDUCATION/EXPERIENCE FOR TRAINING MANAGER (Pick one) | |
|--|---|
| <input type="checkbox"/> | At least two years of experience, education, or training in teaching workers or adults |
| <input type="checkbox"/> | A bachelor's or graduate degree in building construction technology, engineering, industrial hygiene, safety, public health, education, or business administration or program management |
| <input type="checkbox"/> | Two years of experience in managing an occupational health and safety training program specializing in environmental hazards and demonstrated experience, education, or training in the construction industry including lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene. |

| PRINCIPLE INSTRUCTOR (must meet all requirements) | |
|---|--|
| <input type="checkbox"/> | Demonstrated experience, education, or training in teaching workers or adults |
| <input type="checkbox"/> | Successfully completed at least 16 hours of instruction from a trainer utilizing a lead-specific EPA model course curriculum; or at least 16 hours of lead-specific training from a department-accredited training provider; and |
| <input type="checkbox"/> | At least one year of experience in a lead discipline. |

| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
|---------------------------|-------------------|------------|---------------|-------------|----------|
| | | | | | |
| BIRTH DATE | SOCIAL SECURITY # | PHONE # | EMAIL ADDRESS | | |
| | | | | | |
| HOME ADDRESS | | | CITY | STATE | ZIP CODE |
| | | | | | |
| MAILING ADDRESS | | | CITY | STATE | ZIP CODE |
| | | | | | |
| TRAINING PROVIDER NAME | | | | PHONE # | |
| | | | | | |
| TRAINING PROVIDER EMAIL | | | | | |
| | | | | | |
| TRAINING PROVIDER ADDRESS | | | CITY | STATE | ZIP CODE |
| | | | | | |

CERTIFICATION: I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain a license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302(C)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

| DATE | SIGNATURE |
|------|-----------|
| | |

Email to address:

TrainingProviders@dshs.texas.gov

The following documentation is required for approval in accordance with §295, Subchapter I – Texas Environmental Lead Reduction:

Requirements:

1. Copies of current training certificates for the courses the applicant is seeking approval to teach.
2. Teaching Experience
 - Proof of teaching experience selected above should be in a table format (e.g. below) showing at a minimum the course title, the start and end dates, the location or institution, and name/ contact information for an individual or office that can verify the information.

| Course Title | Start Date | End Date | Location | Contact name | Contact phone | Contact email |
|--------------|------------|----------|----------|--------------|---------------|---------------|
| | | | | | | |

3. Education
 - Provide a copy of the relevant degree, or a transcript that shows the education level
4. Lead-related activities experience
 - Proof of Lead related experience selected above should be in a table format (e.g. below) showing at a minimum the description of duties performed, project name, the start and end dates, and name/ contact information for an individual or office that can verify the information.

| Project Name | Start Date | End Date | Description of duties performed | Contact name | Contact phone | Contact email |
|--------------|------------|----------|---------------------------------|--------------|---------------|---------------|
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