Print Form

District Department of the Environment

DISTRICT OF COLUMBIA

DEPARTMENT OF THE ENVIRONMENT

LEAD AND HEALTHY HOUSING DIVISION

COMPLIANCE & ENFORCEMENT BRANCH

ACCREDITATION

OF

TRAINING PROVIDERS / COURSES

APPLICATION BOOKLET

June 2011

Instructions for Completing the Lead-Based Paint Training Provider Application

Disclosure Notice

As a prospective District of Columbia accredited training provider, you are required by District Law to provide accurate information in seeking lead-based paint training accreditation in the District. False or inaccurate information could jeopardize your training provider accreditation and subject you to penalties.

I. General Applicant Information

Please supply the official name of your company as it appears in your Articles of Incorporation or business license. Your mailing address should include a physical site where your business is housed or conducted, and where you receive your official mail. Please indicate by a check mark the classification of type of company or business: corporate, individual, or partnership. If there is a different address than indicated in the initial mailing address, please supply an alternate location, which includes the city, state, and zip code. If your company is incorporated, please indicate the state in which it is incorporated and the assigned corporation number.

II. Training Manager &Principal and Guest Instructor's Information

A training manager and principal instructor's experience and training should conform to the requirements for training managers and principal instructors as outlined in **the most recent** United States Environmental Protection Agency (EPA) rules and regulations governing accreditation of training programs 40 CFR Part § 745.225. Visit www.epa.gov/lead Rules and Regulations for more information.

III. Application Information (as identified in Section I above)

The information requested in Section III pertains to the information that you supplied in Section I. You are also requested to provide information as to whether you have been accredited in other states or municipalities to conduct lead-based paint training, or whether you retain affiliation with other organizations that have been accredited to perform lead-based paint training. You should list courses for which you have been accredited to provide training.

IV. Applicant's History of Legal Actions

If you or your company or any individual identified in this application has been the subject of, or has pending disciplinary or enforcement actions against them, including suspensions, revocations, citations, or violations issued by a governmental or regulatory agency. These agencies include the United States Occupational Safety and Health Administration (OSHA), United States Environmental Protection Agency (USEPA), District of Columbia Department of Consumer and Regulatory Affairs (DCRA), the District of Columbia, District Department of the Environment (DDOE) or other established regulatory entities. You must provide accurate requested information in response to the questions in this application.

V. Applicant Statement and Signature

As an applicant, you are affirming that the information that you have supplied is true and accurate to the best of your knowledge. If you have provided false or misleading information, you are subject to punishment and/or fines as specified in District of Columbia law. The District may also refuse to accredit your company or courses.

Documents Required

(For renewals, submit only the application, fee and documents "not approved during a recent audit")

1. Completed application
2. Appropriate fee
3. A description of the facilities and equipment to be used for lecture and hands-on training.
4. Quality control plan
5. Personnel documentation verifying qualifications for training manager, principal instructor(s) and guest instructor.
6. Current course materials and documents including but not limited to: course agenda, course examination blueprint, manual, handouts, course examination, final answer sheet and answers for each course seeking accreditation.
    a. The following chart is an example of a course blueprint. All agenda items must be included.

Supervisor Course

Agenda Item	Test Question	Number of Questions	Percentage of Total Number of Exam Questions (example 50 question exam)
Health Effects of Lead	1, 4, 11, 22, 36	5	50/5 = 10%
Regulations (VA, MD, DC, OSHA, HUD, EPA)	3, 5, 13, 19, 24, 30,42, 47	8	6%
Respiratory Protection	7, 14, 17, 31, 35, 50	6	8%
Another agenda item			
Another agenda item			
Another agenda item			
		Total Percentage (must equal 100%)	

7. All material for the hands-on training and hands-on skills assessment. Documents should include specifically how the hands-on training is implemented, graded, how the scores are evaluated, and the evaluation of the pass/fail rate.
8. Record keeping requirements and storage location
9. Documented procedure for ensuring the integrity and validity of course tests and hands-on assessments.
10. Course certificate

Each document should adhere to the District Department of the Environment, pursuant to the Lead-Hazard Prevention and Elimination Act of 2008, D.C. Law 17-381, effective March 31, 2009, as amended by the Lead-Hazard Prevention and Elimination Amendment Act of 2010, D.C. Law 18-348, effective March 31, 2011 ("Act") D.C. Official Code § 8-231.01 *et seq* and most recent United States Environmental Protection Agency (EPA) rules and regulations governing accreditation of training programs 40 CFR Part § 745.225.

Mail all required documents to:

District Department of the Environment
Lead and Healthy Housing Division
Compliance & Enforcement Branch
1200 First Street, N.E., 5th Floor
Washington, D.C. 20002
Attention: Mrs. Willie Mae Miller

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District Department of the Environment
Lead and Healthy Housing Division
Compliance & Enforcement Branch
1200 First Street, N.E., 5th Floor
Washington, D.C. 20002
Telephone: (202) 535-1934

LEAD-BASED PAINT TRAINING PROVIDER APPLICATION

I. General Applicant Information:

☐ Government ☐ Non-profit ☐ Other _____

Name of Company/Agency: _____ Type of Company: ☐ Corporate ☐ Individual ☐ Partnership

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Is the street address of company/agency different than above address? ☐ ***No*** ☐ ***Yes*** ***If yes, provide the street address:***

Street Address: _____ City: _____ State _____ Zip Code: _____

Business Telephone Number: _____ Fax Number: _____ Federal Employer I.D. Number: _____

E-Mail address:_____

Corporation Number (if applicable): _____ Date Incorporated: _____ State Incorporated In : _____

Business License Number(s) with issuing jurisdiction: _____ _____ _____ _____

II. Training Manager Information:

Name: _____ Position and/or Title with Company:_____

Telephone: _____ E-Mail address:_____

Address: _____ City: _____ State: _____ Zip code: _____

Principal Instructor(s) Information:

Name: _____ Position and/or Title with Company:_____

Telephone: _____ E-Mail address:_____

Address: _____ City: _____ State: _____ Zip code: _____

Principal Instructor(s) Information:

Name: _____ Position and/or Title with Company:_____

Telephone: _____ E-Mail address:_____

Address: _____ City: _____ State: _____ Zip code: _____

Guest Instructors(s) Information (if any):

Name: _____ Position and/or Title with Company:_____

Telephone: _____ E-Mail address:_____

Address: _____ City: _____ State: _____ Zip code: _____

III. Applicant Information (As Identified in Section I Above):

How long has the company/agency been in existence? Years _____ Months _____

Has applicant's name changed within the past two (2) years? ☐ No ☐ Yes If yes, former name: _____

Is applicant approved by any federal, state, or municipal agency to conduct lead training?

☐ No ☐ Yes **If yes, please attach a list of all approved courses, original date of approval, and name of the approving authority.**

Is applicant is an affiliate or a subsidiary of any other organization(s)? ☐ No ☐ Yes ***If yes, please provide the name(s) and address(es) of related organization(s) and relationship***

Name: _____ Address: _____ Relationship: _____

List all owners, partners, shareholders (10% or more), officers and directors of the company below:

Name: _____ Office or Title Held: _____ % Ownership: _____

_____ _____ _____

_____ _____ _____

IV. Applicant's History of Legal Actions:

If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

Has/Is the applicant (identified in Section I) or any persons identified on this application:

a. Been subject to or has pending any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any governmental agency, including: Occupational Safety Health Administration (OSHA), Environmental Protection Agency (EPA), Department of Consumer and Regulatory Affairs (DCRA) or District Department of the Environment (DDOE)? [ ] No [ ] Yes

b. Been, or is now, subject to any order resulting from any criminal, civil, or administrative proceedings against such company, persons, or parties by any governmental agency? [ ] No [ ] Yes

c. Been denied any license/certification/approval or had it suspended, modified or revoked by any governmental agency? [ ] No [ ] Yes

d. Been disbarred, suspended, or disqualified or failed inspection for training by any federal, state, or municipal agency? [ ] No [ ] Yes

e. Been a defendant in any civil or criminal litigation? [ ] No [ ] Yes

V. Applicant Statement and Signature

The information that I have provided in this "Application for Lead-Based Paint Accreditation" is true, accurate, and complete to the best of my knowledge. I certify that I am authorized to sign this application on behalf of the persons listed in this application as the owners, partners, shareholders, officers, and directors of the company that is applying for accreditation as a training provider and/or accreditation of training courses.

I understand that this application is subject to verification, and I agree to provide any additional documentation required to review that application. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine to eligibility for the accreditation sought. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for accreditation may result in the rejection of this application. I also understand that completion of this application does not guarantee accreditation as a lead-based paint training provider in the District of Columbia.

Further, I understand that if the Department finds that I have made a false statement or misrepresentation material to the issuance, modification, or renewal of an accreditation, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore an accreditation issued under the Section 13 of the Lead-Hazard Prevention and Elimination Act of 2008, D.C. Law 17-381, effective March 31, 2009. The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Law 17-381. Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than $1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL ON 1-800-521-1639

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District Department of the Environment
Lead and Healthy Housing Division
Compliance & Enforcement Branch
(202) 535-1934

LEAD-BASED PAINT TRAINING COURSE ACCREDITATION APPLICATION

FOR OFFICE USE ONLY: Date Received _____ Amount Received $_____ Check Number _____

Accreditation Number(s):_____

Nonprofit or Govt.: Yes [ ] No [ ] Approved Denied Comments: _____

PROVIDER INFORMATION:

NAME: _____ MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

FEE SCHEDULE: (These fees are non-refundable)

Category	***Initial Fee Amount***	***Refresher Fee Amount***	***Miscellaneous Courses and Fees***	
Inspector	$1,200/3yr	$400/3yr	Spanish Worker Initial	$ N/A
Risk Assessor	$ 800/3yr	$400/3yr	Spanish Worker Refresher	$ N/A
Supervisor	$1,600/3yr	$400/3yr	Lead-Based Paint Maintenance	$ N/A
Project Designer	$ 400/3yr	$200/3yr	Lead-Based Paint Remodelers and Renovators	$ N/A
Abatement Worker	$ 800/3yr	$400/3yr		
Reciprocity Accreditation	SAME AS ABOVE	SAME AS ABOVE	Dust Sampling Technician	$ N/A
Returned Check Fee	$ 65			

Total Remittance $ _____ Please make check/money order payable to: **The D.C. Treasurer**. DO NOT SEND CASH. Within any calendar year, cumulative course accreditation fee shall not exceed $5,000 for an individual training provider.

Section 13 of the District Department of the Environment, pursuant to the Lead-Hazard Prevention and Elimination Act of 2008, D.C. Law 17-381, effective March 31, 2009, as amended by the Lead-Hazard Prevention and Elimination Amendment Act of 2010, D.C. Law 18-348, effective March 31, 2011 ("Act") D.C. Official Code § 8-231.01 *et seq* states that "The Mayor may exempt any District government agency or nonprofit organization for payment of the application fee and may revise the application fee as necessary to cover the administrative costs through rulemaking."

RECIPROCITY INFORMATION: Have you received accreditation from the United States Environmental Protection Agency (EPA) or a State other than the District of Columbia for the course(s) on this application? Please check the appropriate boxes. If you answered yes, please list the course(s) and attach documentation.

EPA YES ☐ NO ☐ Another State YES ☐ NO ☐

Course(s) _____ Name of State _____
_____ _____
_____ _____

I certify that the information in this application is accurate and that all accredited courses will comply with all applicable regulations.

Signature _____ Title_____ Date _____

Contact(s) _____ Or _____

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL ON 1-800-521-1639

Government of the District of Columbia
District Department of the Environment
Lead and Healthy Housing
Compliance & Enforcement Branch

CLEAN HANDS SELF-CERTIFICATION FORM

TO THE APPLICANT: Please read this form carefully and completely before signing. The District Government shall not issue or reissue any license or permit if the applicant owes it more than $100 in outstanding debt. A false statement on this certification requires that the District Department of the Environment (DDOE), proceed immediately to revoke the certification, accreditation and/or permit or renewal for which you are now applying and fine you $1,000. This certification form is required to be completed and submitted with any application for a certification, accreditation and/or permit or renewal by the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (DC Law 11-118, DC Official Code Sec. 47-2861 et seq.) as amended, effective October 21, 2000 (DC Law 13-183, sec. 2(b), DC Code sec. 47-2861 et. seq.).

I, _____, as _____certify that _____
(Name) (Owner/Partner/Corporate Office) (Business Name)

trading as _____at _____using business tax number _____,
(Trade Name) (Business Address) (FEIN/SSN)

As of the date, does not owe more than more than one hundred dollars ($100) in outstanding debt to the District of Columbia government as a result of:

1. Fines, penalties, or interest assessed pursuant to the Lead–Hazard Prevention and Elimination Act of 2008, DC Law 17-381, effective March 31, 2009, as amended by the Lead-Hazard Prevention and Elimination Amendment Act of 2010, D.C. Law 18-348, effective March 31, 2011 ("Act") D.C. Official Code § 8-231.01 *et seq* (2011); or

2. Fines, penalties, or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986, (DC Law 6-100; DC Code Sec. 8-801 (et seq.) (2001 ed.); or

3. Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (DC Law 10-117; DC Code Sec. 8-901 (et seq.) (2001 ed.); or

4. Fines, penalties, or interest assessed pursuant to the Department of Consumer and Regulatory Affair (DCRA) Civil Infraction Act of 1985, effective October 5, 1985 (DC Law 6-42; DC Code Sec. 2-1801.01 (et. seq.) (2001 ed.); or

5. Past Due Taxes owed to the Office of Tax and Revenue pursuant to Title 47 of the DC Code; or

6. Past due District of Columbia Water and Sewer Authority service fees pursuant to Title 34 Chapter 22 and 24 of the DC Code (2001 ed.); or

7. Fines, penalties or interest assessed pursuant to Traffic Adjudication Act, Title 50, Chapter 23, of the DC Code (2001 ed.)

I understand that a signed and dated *Clean Hands Self-Certification Form* is required as documentation to accompany my application for a certification, accreditation and/or permit or renewal. I understand that by completing and submitting this form, I am not guaranteed that my certification, accreditation and/or permit or renewal will be approved.

I understand that the District Department of the Environment (DDOE) and/or the Department of Consumer and Regulatory Affairs (DCRA) may conduct an investigation to ascertain the veracity of the information contained in this *Clean Hands Self-Certification Form*.

I understand that if I knowingly provide false information on this Clean Hands Self-Certification Form, DDOE, will proceed immediately to revoke each certification, accreditation and/or permit or renewal for which I am applying, and to fine me one thousand dollars ($1,000).

_____	_____	_____
SIGNATURE OF APPLICANT and TITLE	**FEN/SSN**	**DATE**