



# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## Asbestos Training Course Application

**Application:** (*check one*)      INITIAL: \_\_\_\_      RE-APPROVAL: \_\_\_\_

**Application Fees** (*per course*):    INITIAL: **\$625.00**      REFRESHER: **\$315.00**

*Please write one check for all initial courses, and another for refreshers.*

*Course approvals expire after **one year**.*

*State and municipal agencies, and non-profit organizations are exempt. Please submit a copy of an official state or federal document verifying 501(c)(3) status.*

**Today's Date:** \_\_\_\_\_      **F.E.I.N.#** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_      **Fax:** \_\_\_\_\_

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

**Training Manager:** \_\_\_\_\_

**Principal Instructor:** \_\_\_\_\_      **Work Practice Instructor:** \_\_\_\_\_

List all your current DPH-approved instructors (use additional sheet if needed)

\_\_\_\_\_

Connecticut Training Site (if different from above)

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_      **Telephone:** \_\_\_\_\_

<u>Training Course</u>	<u>Initial</u>	<u>Refresher</u>
Asbestos Worker	_____	_____
Asbestos Supervisor	_____	_____
Asbestos Inspector	_____	_____
Asbestos Management Planner	_____	_____
Asbestos Project Monitor	_____	_____
Asbestos Project Designer	_____	_____

**Training Course Name:** \_\_\_\_\_

**Required Information for Initial and Renewal Application**

1. A list of the topics/skill areas taught by each instructor.
2. Resume with education, experience, training, credentials, qualifications and references for the Training Manager and each instructor. Please identify those who are solely work-practice instructors.
3. Course Structure: Syllabus showing topics, time allocated, time allocated to each type of hands-on training and the length of the training day. For initial courses, please provide a syllabus for each day. On a separate sheet of paper, please detailing the following:
  - A. Learning Objectives for each day (*For example, if a student asked you the primary focus for each day's training, how would you respond?*)
  - B. Learning Objectives for each topic
    - Interactive teaching methods used to accomplish Learning Objectives (*For example, drills, hands-on learning, problem solving, verbal pop quiz, etc.*)
4. A copy of the course manuals for instructors and students, including additional hand-outs
5. A description of the hands-on training, including the space, equipment, instruction protocol, ratio of students to instructor, and the number of instructors.
6. Teaching methods, including any audio-visual aids;
7. Quality control for exam security and course records.
8. A copy of the course examination, showing the standard length, format, and required passing score.
9. List of course fees
10. Verification of Refresher course eligibility. In order for a person to receive a Refresher certificate, s/he shall present full training history confirming less than two years between the issuance of each certificate. Document your protocol for verification.
11. Methodology of exam development. Exam should adequately test the technical information and skills required for a student to competently and confidently conduct themselves the following day at the job site. Provide the number of questions allotted for each subject in the syllabus, total number for each question format (*fill-in-the-blank, multiple choice, problem-solving, true/false, etc.*). Methods used to maintain security of the course examination.
12. A sample copy of the certificate given to course participants when they pass the course exam
13. Training providers based outside of Connecticut must also submit copies of applicable state or federal approvals including the name, address, and telephone number of the department or agency granting such approval.
14. Any additional information

**Note:** Please refer to § 20-440-7 "training curriculum" for specific requirements for the asbestos disciplines.

**Training Course Name:** \_\_\_\_\_

I, \_\_\_\_\_ Training Manager do hereby attest that the training course for which application is herein made complies with the requirements of the Connecticut Department of Public Health as established by applicable statute and regulation. The department shall be notified in advance of any proposed modification to the training course as described within this application.

In the event that the training provider ceases to do business, all records required by regulation shall be transferred to the department.

The department shall be notified a minimum of ten (10) days in advance of any scheduled presentation of the training course or refresher training course in the State of Connecticut.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Training Manager**

**Mailing Address**

CT Dept. of Public Health  
Environmental Practitioner Licensing  
410 Capitol Avenue, MS# 12MQA  
PO Box 340308  
Hartford, CT 06134-0308