

Check one as applicable:

- Training Manager
- Principal Instructor
- Guest Instructor

Check one as applicable:

- Submittal with "Application for Lead Training Course Accreditation"
- Addition of New Instructor

## Mississippi Department of Environmental Quality

### LEAD TRAINING MANAGER'S AND/OR INSTRUCTOR'S QUALIFICATIONS FORM

**\*\*PLEASE TYPE OR PRINT IN INK\*\***

#### PART I. PERSONAL DATA

Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

(Last) (First) (Middle)

Training Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No. \_\_\_\_\_

#### PART II. TRAINING COURSE AND TOPICS TO BE TAUGHT

Training Course Discipline and Type (e.g., Worker Initial, Worker Refresher): \_\_\_\_\_

Language(s): \_\_\_\_\_

Topic(s) to be taught by instructor in course named above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PART III. EDUCATION

List in chronological order beginning with high school. Include GED if applicable.

Name and Location of Institution	Dates Attended		Graduated? (Yes/No)	Degree Received	Major/Minor
	From:	To:			

**PART IV. TRAINING**

List relevant training completed which would qualify you to instruct the topic(s) listed in Part II (e.g. lead, health & safety courses). Attach a photocopy of each training certificate. Attach additional sheets as necessary.

Title of Course	Date(s) Attended	Location (city/state)	Training Provider

**PART V. A. EMPLOYMENT HISTORY**

List your work experience starting with the current or last employer. Attach additional sheets as necessary.

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Job Title Supervisor Telephone

\_\_\_\_\_  
Dates Employed (From) (To) If not employed full time, number of years/months

Describe major duties and responsibilities in order of their importance in the job:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Job Title Supervisor Telephone

\_\_\_\_\_  
Dates Employed (From) (To) If not employed full time, number of years/months

Describe major duties and responsibilities in order of their importance in the job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V. B. FIELD EXPERIENCE HISTORY**

List projects that can provide documentation of work hours within a contained area, or list topics and/or courses taught to document hours of teaching experience for applicable courses. The criteria for instructors are outlined in the Mississippi Regulations for Lead-Based Paint Activities, Rule 9.3.C. Attach additional sheets as necessary.

Project or Course	Company	
Address/Location	Supervisor	Telephone
Dates (From)	(To)	Hours

Describe major duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project or Course	Company	
Address/Location	Supervisor	Telephone
Dates (From)	(To)	Hours

Describe major duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VI. STATE-ISSUED LEAD CERTIFICATION OR LICENSES**

List those currently held.

Discipline: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Discipline: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Discipline: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Discipline: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Discipline: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART VII. PROFESSIONAL REGISTRATIONS**

List field(s) of work for which you have been registered.

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_  
Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_  
Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_

**PART VIII. SUBMITTALS TO EPA OR OTHER STATES**

List the EPA Region(s) or State(s) to whom your qualifications have been previously submitted as a lead training instructor and specify for which course(s) and topic(s) your qualifications were submitted.

EPA Region/State: \_\_\_\_\_ Course: \_\_\_\_\_ Topic: \_\_\_\_\_  
EPA Region/State: \_\_\_\_\_ Course: \_\_\_\_\_ Topic: \_\_\_\_\_  
EPA Region/State: \_\_\_\_\_ Course: \_\_\_\_\_ Topic: \_\_\_\_\_  
EPA Region/State: \_\_\_\_\_ Course: \_\_\_\_\_ Topic: \_\_\_\_\_

**PART IX. AFFIDAVIT**

I certify that the information contained herein and attached hereto is true and complete.

Signature of Training Manager \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal Instructor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guest Instructor \_\_\_\_\_ Date \_\_\_\_\_

(Unsigned form will not be reviewed)

**INSTRUCTIONS**  
**FOR COMPLETION OF “LEAD TRAINING MANAGERS AND/OR INSTRUCTORS**  
**QUALIFICATION FORM”**

**PURPOSE**

An application shall be submitted in order to receive approval to perform as a Training Manager, Principal Instructor, or Guest Instructor with a training program conducting lead-based paint training courses within Mississippi.

**PREPARATION**

All information is to be completed by applicant and must be filled out completely, typed or printed in ink. Pencil is not acceptable.

**INSTRUCTIONS**

Enter your full name, the last 4 digits of your social security number, address, city, state, zip code and the name of the training provider with whom you will be employed. Telephone number should be complete with area code.

Indicate which type of approval you are requesting (training manager, principal instructor, or guest instructor).

Read the affidavit carefully. If a forged certificate or any misinformation is found to exist, the individual may be subject to revocation of approval. The application shall be signed and dated by you, the applicant.

**TRAINING MANAGER/INSTRUCTOR QUALIFICATIONS**

The following requirements must be met for an applicant to receive approval as a training manager or instructor:

**Training Manager**

- (1) At least two (2) years of experience, education, or training in teaching adults; or
- (2) A bachelor's or graduate degree in building construction technology, engineering, industrial hygiene, safety, public health, education, business administration or program management or a related field; or
- (3) Two (2) years of experience in managing a training program specializing in environmental hazards; and
- (4) Demonstrated two (2) years, education, or training in the construction industry including; lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health or industrial hygiene.

**Principal Instructor**

- (1) Demonstrated experience, education, or training in teaching workers or adults; and
- (2) Successfully completed the initial and prerequisite training course requirements of the EPA-accredited or EPA-authorized State or Tribal-accredited training course to be taught; and

- (3) Demonstrated experience, education, or training in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

**Guest instructors** that teach work practice standards and hands-on activities must meet the qualifications of the principal instructor.

**Completed Application Form with Supporting Documentation should be mailed to:**

**Mississippi Department of Environmental Quality  
P.O. Box 2261  
Jackson, Mississippi 39225**

**For Overnight/Express Mail:**

**Mississippi Department of Environmental Quality  
Asbestos and Lead Branch  
515 East Amite Street  
Jackson, Mississippi 39201**