



Division of Environmental and Industrial Programs

# ALABAMA ASBESTOS CONTRACTOR ACCREDITATION PROGRAM



## Application for Asbestos Activities Training Program Accreditation

A completed application shall consist of Parts I - III of this application form. Any Part not completed shall constitute an incomplete application and the application will be returned without being processed.

### PART I. APPLICANT INFORMATION (Print or Type)

Training Program Name			
Contact Person Name	Telephone Number	FAX Number	
Street Address	City	State	Zip
Mailing Address	City	State	Zip

e-mail Address \_\_\_\_\_

#### I. A. TRAINING COURSE DISCIPLINE AND TYPE: (CHECK ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> Abatement Worker Initial   | <input type="checkbox"/> Abatement Worker Update/Refresher   |
| <input type="checkbox"/> Inspector Initial          | <input type="checkbox"/> Inspector Update/Refresher          |
| <input type="checkbox"/> Management Planner Initial | <input type="checkbox"/> Management Planner Update/Refresher |
| <input type="checkbox"/> Supervisor Initial         | <input type="checkbox"/> Supervisor Update/Refresher         |
| <input type="checkbox"/> Project Designer Initial   | <input type="checkbox"/> Project Designer Update/Refresher   |

#### I. B. LANGUAGE USED BY INSTRUCTORS, STUDENTS, AND WRITTEN MATERIALS AND EXAMINATIONS:

- English       Other (specify) \_\_\_\_\_

#### I. C. NAME OF TRAINING COURSE THAT WILL APPEAR ON TRAINING COURSE CERTIFICATES ISSUED BY THE TRAINING PROGRAM:

\_\_\_\_\_

#### I. D. NAME(S) OF ANY OTHER STATE OR FEDERAL ASBESTOS PROGRAM(S) THAT HAS PREVIOUSLY ACCREDITED THIS TRAINING PROGRAM:

\_\_\_\_\_ Date of Accreditation \_\_\_\_\_

\_\_\_\_\_ Date of Accreditation \_\_\_\_\_

#### I. E. STATEMENT OF CERTIFICATION:

I certify that that the training program meets all requirements established in 822-X-2-.04

\_\_\_\_\_  
Name of Training Program Manager

\_\_\_\_\_  
Signature of Training Program Manager

\_\_\_\_\_  
Date of Application

**PART II. TRAINING PROGRAM MANAGER AND INSTRUCTOR QUALIFICATIONS**

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Training programs must employ a qualified training program manager and designate at least one other qualified person other than himself or herself as a principal instructor. Additional qualified guest instructors may also be designated.

Complete all sections of Part II, where applicable. Certain documentation is required to support the educational and work experience claimed in this Part. DO NOT insert references (i.e., "See Attached") to resumes, certificates, etc. in lieu of completing applicable sections of Part II.

**II. A. TRAINING PROGRAM MANAGER INFORMATION**

**Training Program Managers** must possess the following qualifications:

- (1) Demonstrated experience, education, or training in the construction industry, including: asbestos or lead abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene, AND at least ONE of the following:
- (2) At least two years of experience, education, or training in teaching workers or adults; **or**
- (3) 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**
- (4) Two years experience in managing a training program specializing in environmental hazards.

Complete the following sections that correspond to the above qualifications. At a minimum, the applicant must document Qualifications No. (1) AND No.( 2) OR (3) OR (4).

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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(1) Provide documentation of at least two years' experience, education or training in the construction industry, including asbestos or lead abatement or identification, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene. Documentation should be a detailed description of experience including the number and dates of relevant projects or jobs, the size of each project or job, and descriptions of tasks performed by the applicant, and the names and telephone numbers of supervisors for each project or job. Attached resumes are recommended but not required.

**Photocopy as needed.**

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

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

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

Detailed Description of Projects and/or Jobs, and Tasks Performed:

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**Training Program Manager Qualification Documentation Continued:**

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

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

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

Detailed Description of Projects and/or Jobs, and Tasks Performed:

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

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

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

Detailed Description of Projects and/or Jobs, and Tasks Performed:

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

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

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

Detailed Description of Projects and/or Jobs, and Tasks Performed:

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**Training Program Manager Qualification Documentation Continued:**

**(2)** Provide documentation of at least two years' experience, education, or training in teaching workers or adults. Documentation should be a detailed description of experience including the number and dates of relevant adult teaching jobs or training courses taught, or a detailed description of the educational experience completed relevant to training workers or adults (e.g., train-the-trainer courses), and descriptions of training-related tasks performed by the applicant, and the names and telephone numbers of supervisors for each job. Attach certificates from train-the-trainer course or other documentation of adult education/training curricula, if any. Attached resumes are recommended but not required.

**Photocopy as needed.**

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

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

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:

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Employer:

Address:

Job Title:

Supervisor:

Telephone:

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:

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List or describe any train-the-trainer courses completed, or any other relevant training or experience that should be considered (Attach any relevant certificates or other documents supporting the experience, if any):

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**Training Program Manager Qualification Documentation Continued:**

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**(3)** If the applicant has completed 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, complete the following information and submit an official transcript from the degree-granting accredited institution or a diploma.

Name of Accredited University or College: \_\_\_\_\_

Degree received: \_\_\_\_\_

Date degree granted: \_\_\_\_\_

**(4)** Provide documentation of two years' experience in managing a training program specializing in environmental hazards. Documentation should be a detailed description of experience including the number and dates of relevant adult training program management jobs and descriptions of training program management tasks performed by the applicant, the names, dates, numbers, etc. of the environmental hazard-related training courses under the applicant's management, and the names and telephone numbers of supervisors for each job. Attached resumes are recommended but not required.

**Photocopy as needed.**

Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Detailed Description of Management-Related Tasks Performed, and Names, Dates, and Other Descriptive Information of Training Courses Managed:

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Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Detailed Description of Management-Related Tasks Performed, and Names, Dates, and Other Descriptive Information of Training Courses Managed:

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**II. B. PRINCIPAL INSTRUCTOR INFORMATION**

The Principal Instructor must possess the following qualifications:

- (1)** Demonstrated experience, education, or training in teaching workers or adults; **and**
- (2)** Successfully completed an asbestos training course specific to the discipline(s) in which they are to teach, or a combination of training courses including topics specific to the discipline(s) in which they are to teach, with a minimum of 16 training hours; **and**
- (3)** Two years of experience, education, or training in asbestos or lead abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

Complete the following sections that correspond to the above qualifications. The applicant must document that he or she meets ALL qualifications.

First Name MI Last Name

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List lecture topic(s) the applicant plans to instruct in the training course. If the applicant plans to instruct all lecture topics, specify "ALL TOPICS":

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List hands-on topics or sections the applicant plans to instruct. If the applicant plans to instruct all hands-on topics, specify "ALL HANDS-ON":

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**(1)** Provide documentation of experience, education or training in teaching workers or adults. Documentation should be a detailed description of experience including the number and dates of relevant adult teaching jobs or training courses taught, or a detailed description of the educational experience completed relevant to training workers or adults (e.g., train-the-trainer courses), and descriptions of training-related tasks performed by the applicant, and the names and telephone numbers of supervisors for each job. Attach certificates from train-the-trainer courses or other documentation of adult education/training curricula, if any. Attached resumes are recommended but not required.

**Photocopy as needed.**

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

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

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:

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**Principal Instructor Qualification Documentation Continued:**

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

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

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:

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

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

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

Detailed Description of Projects and/or Jobs, and Tasks Performed:

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**Part II. C. GUEST INSTRUCTOR (HANDS-ON) INFORMATION**

The Training Manager may designate guest instructors as needed to provide hands-on or work practice instruction. Guest instructors who provide hands-on and/or work practice instruction must meet the same qualification requirements as the Principal Instructor.

Guest Instructors who provide hands-on or work practice instruction must possess the following qualifications:

- (1)** Demonstrated experience, education, or training in teaching workers or adults; **and**
- (2)** Successfully completed an asbestos training course specific to the discipline(s) in which they are to teach, or a combination of training courses including topics specific to the discipline(s) in which they are to teach, with a minimum of 16 training hours; **and**
- (3)** Two years of experience, education, or training in asbestos or lead abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene.

Complete the following sections that correspond to the above qualifications for each guest instructor. The applicant must document that he or she meets ALL qualifications.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

List hands-on topics or sections the applicant plans to instruct. If the applicant plans to instruct all hands-on and/or work practice topics, specify "ALL HANDS-ON/WORK PRACTICE": \_\_\_\_\_  
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**Guest Instructor (Hands-on/Work Practice) Qualification Documentation Continued:**

Guest Instructors who are qualified to provide hands-on/work practice instruction may also provide instruction in other topic areas. If the applicant plans to provide instruction in other topic areas as well as hands-on/work practice instruction, list the lecture topics the applicant plans to teach: \_\_\_\_\_  
\_\_\_\_\_

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**(1)** Provide documentation of experience, education or training in teaching workers or adults. Documentation should be a detailed description of experience including the number and dates of relevant adult teaching jobs or training courses taught, or a detailed description of the educational experience completed relevant to training workers or adults (e.g., train-the-trainer courses), and descriptions of training-related tasks performed by the applicant, and the names and telephone numbers of supervisors for each job. Attach certificates from train-the-trainer courses or other documentation of adult education/training curricula, if any. Attached resumes are recommended but not required.

**Photocopy as needed.**

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

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

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:  
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Employer: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:  
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taught, or a detailed description of the educational experience completed related to training workers or adults (e.g., train-the-trainer courses), and descriptions of training-related tasks performed by the applicant, and the names and telephone numbers of supervisors for each job. Attach certificates from train-the-trainer courses or other documentation of adult education/training curricula, if any. Attached resumes are recommended but not required.

**Photocopy as needed.**

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

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

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

Detailed Description of Courses Taught or Training-Related Tasks Performed:

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**(2)** Provide documentation of at least two years' experience, education, or training in the topic area(s) the applicant plans to teach. Documentation should be a detailed description of experience and descriptions of tasks performed by the applicant. Attached resumes are recommended but not required.

**Photocopy as needed.**

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

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

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

Detailed Description of Experience and Tasks Performed:

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**PART III. SUBMITTALS**

**III. A. The applicant must include with the application the following:**

(1) A legible copy of the student manual and the instructor manual, and other written materials to be used for the training course. Identify the location of the topics in the student manual by indicating the page numbers for each topic in the space below. If topics are covered using other materials, identify the materials used for each topic.

NOTE: The topic titles below may be somewhat abbreviated. Refer to 822-X-2-.04 (2) for the full titles.  
 NOTE: Topics marked with an asterisk (\*) indicate a requirement for a hands-on component. Identify any written materials to be used to support hands-on activities.

**SUPERVISOR**

Topic	Start Page	End Page	Other Materials Used
The physical characteristics of asbestos and asbestos-containing materials			
Potential health effects related to asbestos exposure			
* Employee personal protective equipment			
* State-of-the-art work practices			
* Personal hygiene			
* Additional safety hazards			
Medical monitoring			
Air monitoring			
Relevant Federal, State, and local regulatory requirements and standards			
* Respiratory protection programs and medical monitoring programs			
Insurance and liability issues			
Recordkeeping for asbestos abatement projects			
Supervisory techniques for asbestos abatement activities			
Contract specifications			

**Submittals Continued:****ABATEMENT WORKER**

<b>Topic</b>	<b>Start Page</b>	<b>End Page</b>	<b>Other Materials Used</b>
The physical characteristics of asbestos and asbestos-containing materials			
Potential health effects related to asbestos exposure			
* Employee personal protective equipment			
* State-of-the-art work practices			
* Personal hygiene			
* Additional safety standards			
Medical monitoring			
Air monitoring			
Relevant Federal, State, and local regulatory requirements and standards			
* Establishment of respiratory protection programs			

**INSPECTOR**

<b>Topic</b>	<b>Start Page</b>	<b>End Page</b>	<b>Other Materials Used</b>
Background information on asbestos			
Potential health effects related to asbestos exposure			
Functions/qualifications and role of inspectors			
Legal liabilities and defenses			
Understanding building systems			
Public/employee/building occupant relations			
* Pre-inspection planning and review of previous inspection records			
* Inspecting for friable & nonfriable ACM and assessing the condition of friable ACM			
* Bulk sampling/documentation of asbestos			
* Inspector respiratory protection and personal protective equipment			
* Recordkeeping and writing the inspection			



report			
Regulatory review			
Field trip			

**Submittals Continued:**

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**MANAGEMENT PLANNER**

<b>Topic</b>	<b>Start Page</b>	<b>End Page</b>	<b>Other Materials Used</b>
Course overview			
Evaluation/interpretation of survey results			
Hazard assessment			
Legal implications			
Evaluation and selection of control options			
Role of other professionals			
Developing an operations and maintenance (O&M) plan			
Regulatory review			
Recordkeeping for the management planner			
Assembling and submitting the management plan			
Financing abatement actions			

**PROJECT DESIGNER**

<b>Topic</b>	<b>Start Page</b>	<b>End Page</b>	<b>Other Materials Used</b>
Background information on asbestos			
Potential health effects related to asbestos exposure			
Overview of abatement construction projects			
Safety system design specifications			
Field trip			
Employee personal protective equipment			
Additional safety hazards			
Fiber aerodynamics and control			
Designing abatement solutions			

Final clearance process			
Budgeting/cost estimating			

**Submittals Continued:**

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**PROJECT DESIGNER, continued**

<b>Topic</b>	<b>Start Page</b>	<b>End Page</b>	<b>Other Materials Used</b>
Writing abatement specifications			
Preparing abatement drawings			
Contract preparation and administration			
Legal/liabilities/defenses			
Replacement			
Role of other consultants			
Occupied buildings			
Relevant Federal, State, & local regulatory requirements, procedures, and standards			

**(2)** If a published textbook(s) is used as supplemental course material, include the following:

<b>Author Name</b>	<b>Textbook Title</b>	<b>Publisher</b>	<b>Publish Date</b>
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**(3)** Name of person(s) or other entity who developed the course materials:

Name: \_\_\_\_\_ Materials: \_\_\_\_\_

Name: \_\_\_\_\_ Materials: \_\_\_\_\_

Name: \_\_\_\_\_ Materials: \_\_\_\_\_

**(4)** A copy of the course agenda to be followed when conducting the training course. The course agenda should include an outline of the key topics to be covered during the training course, and must include the starting time for each lecture, exercise, or hands-on section and the name of the instructor for each key topic. Include the starting times and ending times for each day of training, and indicate the total hours of the training course.

**(5)** A description of the facilities and equipment to be used for lecture and hands-on training.

**(6)** A description of the activities and procedures that will be used for assessment of hands-on skills.

(7) A list of learning objectives for each lecture, exercise, and hands-on activity. A learning objective is the knowledge, skills, abilities, and behaviors a learner is expected to obtain from a given instruction activity.

(8) A copy of the training course test blueprint and of the training course test. A course test blueprint is written documentation identifying the proportion of training course test questions devoted to each major topic in the training course curriculum.

**Submittals Continued:**

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(9) A copy of the quality control plan. The quality control plan shall contain at a minimum, the items listed at 822-X-2-.04(1)(c)12.

(10) An original copy of the training course completion certificate containing all required information listed at 822-X-2-.04(1)(c)11.(i - x).

(11) Accreditation fee. Use the following table to determine the fee which shall accompany the application for accreditation. Fees are based upon a rate of \$450 per day of training.

Training Course	Total Fee
Worker (4 days)	\$1,800
Inspector (3 days)	\$1,350
Management Planner (2 days)	\$900
Supervisor (5 days)	\$2,250
Project Designer (3 days)	\$1,350
Worker, Supervisor, Designer refreshers	\$450
Inspector, Management Planner refreshers	\$250

NOTE: These fees are based upon the minimum training day requirement for each discipline. In the event the training program elects to conduct training for more days than the minimum, the fee will be adjusted at a rate of \$450 per day (or portion thereof) for the additional days or portion of a day.

Make check or money order payable to The University of Alabama.

VISA     Master Card     Discover    Signature \_\_\_\_\_  
Account number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Faxed or e-mailed applications will not be accepted, except that Safe State may request the applicant to submit , via Fax or e-mail, additional materials during review of the application. This training program application, all attached supporting documents, and the fee should be delivered to the following address:

The University of Alabama  
Safe State Environmental Programs  
Attention: AACAP  
Room 146 H Martha Parham West  
Box 870388  
Tuscaloosa, Alabama 35487

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Telephone: (205) 348-4666  
FAX: (205) 348-5343  
e-mail: kbrimer@ccs.ua.edu

822-X-2-.04(1)(b)2. requires Safe State to respond to the applicant within 60 days of receiving a complete application. Upon determining that the application is complete, Safe State shall notify the applicant within the allowable time period that the training program is conditionally accredited. Final accreditation shall be granted when

Safe State has the opportunity to perform an on-site audit of the training course as it is being conducted and Safe State is able to determine that the training course meets the requirements of 822-X-2-.04. When Safe State determines that the training course meets all requirements, the date of final accreditation shall correspond to the date the audited training course was conducted or to the first day of a multiple day training course. Any person who completes a training course before the date the training course receives final accreditation shall not be eligible for accreditation pursuant to 822-X-2-.05.