

# ASBESTOS ACTIVITIES TRAINING RE-ACCREDITATION

THE UNIVERSITY OF ALABAMA



Submit to: **The University of Alabama  
Safe State Environmental Programs  
Alabama Lead-Based Paint Activities  
Accreditation Program  
P.O. Box 870388  
Tuscaloosa, Alabama 35487-0388**

Contact: 205-348-4666  
800-421-7141  
Facsimile: 205-348-5343

Training Program \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Company \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Total Fees \*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Re-Accreditation fee is \$100 per course.

## 1. PLEASE IDENTIFY ALL ASBESTOS TRAINING COURSE DISCIPLINES TO BE RE-ACCREDITED:

### INITIAL COURSES

### REFRESHER COURSES

- |  |  |
|--|--|
| <input type="checkbox"/> Inspector               | <input type="checkbox"/> Inspector               |
| <input type="checkbox"/> Management Planner      | <input type="checkbox"/> Management Planner      |
| <input type="checkbox"/> Project Designer        | <input type="checkbox"/> Project Designer        |
| <input type="checkbox"/> Supervisor              | <input type="checkbox"/> Supervisor              |
| <input type="checkbox"/> Worker English Language | <input type="checkbox"/> Worker English Language |
| <input type="checkbox"/> Worker Spanish Language | <input type="checkbox"/> Worker Spanish Language |

## 2. PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION FOR THE SPECIFIC DISCIPLINE:

- Course Modifications/ Changes** –For each course identified above, attach detailed descriptions of changes to the training facility, equipment, curriculum, course blueprint, course agenda, learning objectives, or other material changes made since the most recent accreditation.
- Trainer/ Instructor Certifications**– Attach copies of initial and/or refresher training certificates for listed instructors as evidence of meeting individual training requirements.
- Instructor Listings**– On page two of this application, please list all principal and guest instructors for each discipline identified for re-accreditation.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## INITIAL COURSES

<input type="checkbox"/> Inspector	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Management Planner	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Project Designer	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Supervisor	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Worker English Language	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Worker Spanish Language	Principal Instructor	_____
	Guest Instructor (s)	_____

## REFRESHER COURSES

<input type="checkbox"/> Inspector	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Management Planner	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Project Designer	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Supervisor	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Worker English Language	Principal Instructor	_____
	Guest Instructor (s)	_____
<input type="checkbox"/> Worker Spanish Language	Principal Instructor	_____
	Guest Instructor (s)	_____