



www.dshs.state.tx.us/elp  
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 Fax: 512-834-6614

**FOR DSHS USE ONLY**  
**BUDGET/FUND: ZZ112-085**

Remit #: \_\_\_\_\_

Remit Date: \_\_\_\_\_

## Lead Training Program Provider Accreditation Initial/Renewal Application

### DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY

Rcvd. Date: _____ Init. _____	Amt Rcvd: \$ _____ FY: _____ Pymt. Type: _____
Post-Mark Date: _____	Last Doc. Rcvd. Date: _____
Rvw. Date: _____ Init. _____	Print Date: _____ Init. _____
Aprv. Date: _____ Init. _____	Mail Date: _____ Init. _____
Issue Date: _____ Init. _____	

**PLEASE COMPLETE THE FOLLOWING** (please print legibly):

If renewing, enter the current accreditation number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- Sole Owner/Proprietorship     
  LLP (Limited Liability Partnership)     
  LLC (Limited Liability Company)  
 LP (Limited Partnership)     
  Partnership     
  Corporation     
  DBA (Doing Business As)

Legal Business Name	State Tax Payer's Identification number ( )
DBA Name (if applicable)	Telephone Number (include area code) ( )
Training Provider's Owner or Authorized Agent (First Name, MI, Last Name)	Title of Owner or Agent      Telephone Number (include area code)
Business Mailing Address (include suite #)	City      State      Zip Code

Business Physical Address (include suite #)	Training Provider E-mail Address
<b>TRAINING MANAGER:</b> The Individual responsible for administering a training program and monitoring the performance of principal instructors and guest instructors	
Training Managers Name	Training Manager's E-mail Address      Telephone Number (include area code)

**CERTIFICATION:** I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code §37.10 to submit any false or fraudulent information or documents in order to obtain an accreditation. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

Signature of Authorized Person	Date
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**Mailing address for applications containing money:**

Department of State Health Services - MC 2003  
 Environmental & Sanitation Licensing Group  
 PO Box 149347  
 Austin, Texas 78714-9347

**Mailing address for all other mail:**

Department of State Health Services – MC2835  
 Environmental & Sanitation Licensing Group  
 1100 West 49<sup>th</sup> Street  
 Austin, Texas 78756

### PRIVACY NOTIFICATION/NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See [www.dshs.state.tx.us](http://www.dshs.state.tx.us) for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559.003 and 559.004)  
 Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Dirijase a [www.dshs.state.tx.us](http://www.dshs.state.tx.us) para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004.)

## IMPORTANT INFORMATION

- An accreditation is required to offer training courses for certification purposes in accordance with the §295.201-§295.220 of the Texas Environmental Lead Reduction Rules.
- You may pay for your accreditation online at [www.dshs.state.tx.us/elp](http://www.dshs.state.tx.us/elp) and mail a copy of your online receipt and required supplemental application documentation to the address provided on the other side of this application. You may also mail in your fee along with the accreditation application and required supplemental documentation to the same address for processing.
- Applications will not be approved until all required application documentation has been reviewed and verified.
- An accreditation that has expired for one year or more may not be renewed. The training provider may obtain a new accreditation by complying with the requirements for obtaining a new accreditation.
- If the training provider's accreditation certificate has been lost or stolen, you must submit an Application for Replacement along with the appropriate fee of \$20.

### The following documentation is required for accreditation in accordance with §295.204 of the Texas Environmental Lead Reduction Rules:

#### **Accreditation Fees:** *(two-year term)*

*(Unless exempt from fees under §295.216(a))*

- INITIAL/RENEWAL:  
Accreditation Fee: \$1030.00
- EXPIRED FOR 90 DAYS OR LESS: *(1.5 times the base accreditation fee)*  
Accreditation fee: \$1530.00
- EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN ONE YEAR: *(2 times the base accreditation fee)*  
Accreditation fee: \$2030.00

#### **Requirements for an Initial Accreditation:**

- 1. A list of courses for which the training program provider is applying for department accreditation §295.204(c)(1)(B)
- 2. A statement signed by the training program manager certifying that the training program meets §295.204(d), the minimum requirements for accreditation §295.204(c)(1)(C)
- 3. A statement providing one of the following:
  - a. A statement signed by the training program manager certifying that the program uses EPA-developed model training materials §295.204(c)(1)(C); **or**
  - b. A statement signed by the training program manager certifying that the program provider does not use EPA-developed or department-developed training materials, the following must also be submitted: a copy of the student and instructor manuals to be used for each course, and a copy of the course agenda for each course, which must include the time allotted for teaching each course topic §295.204(c)(1)(C)(i)&(ii)
- 4. A description of the facilities and equipment available for lecture and hands-on training §295.204(c)(2)(A)
- 5. A copy of the course test blueprint for each course §295.204(c)(2)(B)
- 6. A description of the activities and procedures that will be used for conducting the assessment of hands-on skills for each course §295.204(c)(2)(C)
- 7. A copy of the training program provider's quality control plan as described in §295.204(d)(9) §295.204(c)(2)(D)
- 8. A statement certifying that copies of the documented methodologies listed in compliance with §295.203(a) of this title (relating to Federal Documented Methodologies) are onsite and available for review §295.204(c)(2)(E)
- 9. Documentation that the training manager and principal instructor(s) meet the requirements of subsection (d) of this section §295.204(c)(2)(F)
- 10. An example of the training certificate which will be given to students upon successful completion and test passage §295.204(c)(2)(G)

#### **Requirements for Renewing a Accreditation §295.204(g)(3):**

- 1. The training program provider's name, address, and telephone number.
- 2. A list of courses for which it is applying for re-accreditation.
- 3. A description of any changes or updates to the training facility or equipment since its last application was approved
- 4. A certified statement signed by the program manager stating:
  - a. the training program provider will at all times comply with all requirements in §295.204(d) and (f) and
  - b. the recordkeeping and reporting requirements of §295.204(j) will be followed