



## ASBESTOS INSTRUCTOR APPLICATION

RCVD DATE: _____ INIT: _____	APRV DATE: _____ INIT: _____
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<b>EDUCATION/EXPERIENCE (Pick one)</b>	
<input type="checkbox"/>	Bachelor's degree in a natural or physical science
<input type="checkbox"/>	Bachelor's degree with at least six months of experience performing asbestos- related activities with any required license or accreditation
<input type="checkbox"/>	Associate degree or successful completion of 60 college credit hours and at least one year of experience performing asbestos-related activities
<input type="checkbox"/>	High School diploma or equivalent with at least two years of experience performing asbestos-related activities with any required licensure or accreditation

<b>TEACHING EXPERIENCE (Pick one)</b>	
<input type="checkbox"/>	3 months of teaching experience at the secondary or post-secondary education level
<input type="checkbox"/>	3 months of teaching adult learners at a vocational school, trade school, or equivalent formal education or professional setting as approved by DSHS
<input type="checkbox"/>	Successful completion of a train-the-trainer course approved by DSHS

LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTH DATE	SOCIAL SECURITY #	PHONE #	EMAIL ADDRESS		
HOME ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS			CITY	STATE	ZIP CODE
TRAINING PROVIDER NAME				PHONE #	
TRAINING PROVIDER EMAIL					
TRAINING PROVIDER ADDRESS			CITY	STATE	ZIP 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 a license. 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.

DATE	SIGNATURE

Email address:

[TrainingProviders@dshs.texas.gov](mailto:TrainingProviders@dshs.texas.gov)

**The following documentation is required for approval in accordance with §296.71(h) of the Texas Asbestos Health Protection Rules:**

**Requirements:**

1. Copies of current training certificates for the courses the applicant is seeking approval to teach:

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Worker (Initial/ Refresher)               | <input type="checkbox"/> | Management Planner (initial/refresher)        | <input type="checkbox"/> |
| Worker (Spanish) (initial/refresher)      | <input type="checkbox"/> | Project Designer (initial/refresher)          | <input type="checkbox"/> |
| Contractor/Supervisor (initial/refresher) | <input type="checkbox"/> | Air Monitoring Technician (initial/refresher) | <input type="checkbox"/> |
| Inspector (initial/refresher)             | <input type="checkbox"/> | Texas Law & Rules 3-hour course               | <input type="checkbox"/> |

2. Teaching Experience

- Proof of teaching experience selected above should be in a table format (e.g. below) showing at a minimum the course title, the start and end dates, the location or institution, and name/ contact information for an individual or office that can verify the information.

Course Title	Start Date	End Date	Location	Contact name	Contact phone	Contact email

3. Education

- Provide a copy of the high school diploma, associate’s degree, bachelor’s degree, or a transcript that shows the education level

4. Asbestos-related activities experience

- Proof of asbestos related experience selected above should be in a table format (e.g. below) showing at a minimum the description of duties performed, project name, the start and end dates, and name/ contact information for an individual or office that can verify the information.

Project Name	Start Date	End Date	Description of duties performed	Contact name	Contact phone	Contact email