



## ASBESTOS TRAINING PROVIDER APPLICATION

### DO NOT WRITE IN THIS BOX -FOR DSHS USE ONLY

BUDGET/FUND: **ZZ112-178**

RCVD DATE: \_\_\_\_\_ INIT: \_\_\_\_\_

REMIT # \_\_\_\_\_

APRV DATE: \_\_\_\_\_ INIT: \_\_\_\_\_

REMIT DATE: \_\_\_\_\_ AMT RECD: \_\_\_\_\_

FILE # \_\_\_\_\_ APP # \_\_\_\_\_

<b>This application is a(n)</b>		<b>The business structure is</b>	<b>Accreditation requested</b>	<b>Initial &amp; Refresher</b>	<b>Online Refresher</b>
Initial Application	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/> Worker (English)	<input type="checkbox"/>	<input type="checkbox"/>
Renewal Application	<input type="checkbox"/>	Partnership	<input type="checkbox"/> Worker (Spanish)	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate License	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/> Contractor/Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Add Additional Course	<input type="checkbox"/>	LLP	<input type="checkbox"/> Inspector	<input type="checkbox"/>	<input type="checkbox"/>
		LLC	<input type="checkbox"/> Air Monitoring Technician	<input type="checkbox"/>	<input type="checkbox"/>
		Corporation	<input type="checkbox"/> Management Planner	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Project Designer	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Texas Laws & Rules	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: You must be licensed and accredited to provide in person training before you can apply for synchronous online refresher accreditation.

If you would like to pay by credit card or ACH transaction, an online application will need to be created. Currently there is no way to initiate an additional course application online, without contacting licensing staff.

<b>COMPANY NAME</b>		<b>DOING BUSINESS AS NAME</b>		
<b>FEIN #</b>	<b>TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		
<b>WEBSITE ADDRESSES</b>				
<b>PHYSICAL ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>TRAINING MANAGER NAME (last, first, m.i.)</b>		<b>LICENSE #</b>	<b>DRIVERS LICENSE #</b>	
<b>TRAINING MANAGER EMAIL ADDRESS</b>		<b>TRAINING MANAGER PHONE #</b>		

## FEE SCHEDULE

TRAINING PROVIDER	
<b>NEW/ RENEWAL</b>	\$963
<b>EXPIRED &lt; 90 DAYS</b>	\$1,445
<b>EXPIRED &gt; 90 DAYS</b>	\$1,926
<b>TEXAS ONLINE FEE</b>	\$29
<b>DUPLICATE CERT</b>	\$20
<b>ADDITIONAL TRAINING COURSE</b>	\$100

**CERTIFICATION:** I certify that I have read and understand the applicable rules in §296.71 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. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

DATE	Training Manager Printed Name	Training Manager Signature

Please visit [List of Licensing/Registration requirements by License type | Texas DSHS](#) for a summary of required supporting documents to be included with this application.

Please visit [Laws and Rules - Asbestos Program | Texas DSHS](#) to review the current Texas Asbestos Health Protection Rules.

Submit any questions to [TrainingProviders@dshs.texas.gov](mailto:TrainingProviders@dshs.texas.gov)

# SYNCHRONOUS ONLINE REFRESHER TRAINING QUESTIONNAIRE

STUDENT ACCESS PORTAL (URL)	DSHS ACCESS PORTAL (URL)
DSHS LOGIN USERNAME	DSHS LOGIN PASSWORD
WEBSITE ADDRESSES	
What method and/or software do you utilize to authenticate the identity of the student taking the training and their eligibility to enroll in the course to deter fraud and falsification of student identity?	
What encryption technology do you use to protect sensitive user information?	
Provide a description of the method used to verify student's attendance as required in paragraph §296.71 (e )(4)(B)(i-iii)	

# SYNCHRONOUS ONLINE REFRESHER TRAINING STATEMENT

I, \_\_\_\_\_, The training manager of \_\_\_\_\_

Will ensure that the below listed items are performed during each online training course we provide.

- Ensure that the student is focusing on the training material throughout the entire training period, such as a strong interactive component to ensure continued student focus through discussion between the student and approved instructor or approved guest speaker, or interactive video clips, or both;
- Monitors and records a student's actual time spent online, including applicable breaks;
- Allows the student to ask questions of an approved instructor or approved guest speaker and allows the instructor or guest speaker to provide a response to the student's question during the course;
- Provides technical support to the student during the course to address any technical issue as soon as possible but no later than the end of the course day, and if a student is inadvertently logged out of an online session due to a technical issue, the student must be given credit for the portion of the course completed and be required to make-up the portion of the course missed;
- Reduces the opportunity for document fraud by providing a distinct course certificate that contains all the requirements of subsection §296.71 (d)(1)(Q)(i-ix) of this section and specifies the course type and that the course is online; and
- Provides DSHS unrestricted access to an online course for auditing purposes at no charge at any time the course is being given.

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Signature of Training Manager

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Date