Kansas Department of Health and Environment
Bureau of Family Health
Healthy Homes & Lead Hazard Prevention Program
1000 SW Jackson, Suite 200, Topeka, KS 66612
Phone: (866) 865-3233 Fax: (785) 296-5594
Email: lead@kdheks.gov
Website: www.kshealthyhomes.org

TRAINING PROVIDER ACCREDITATION APPLICATION INSTRUCTIONS AND GUIDANCE

Please print clearly or type all the information requested on the application.

If your business is a corporation, limited partnership, limited liability company or limited liability partnership please provide the Federal ID number and Kansas Secretary of State's Business Entity ID number. Information about registering a business with the Kansas Secretary of State is available online at www.kssos.org or by phone at (785) 296-4564. The business must be registered with the Kansas Secretary of State and in good standing.

The processing time for completed applications is generally 30 business days. Applications are processed in the order they are received. Submitting an incomplete application will delay processing. If you do not receive an incomplete application notice or your license within 30 days please contact our office.

The following information is required to be submitted along with the Training Provider Accreditation application form for initial accreditdation.

- Copy of the student manual
- Copy of the instructor manual
- Course agenda
- Course examination blueprint and copies of exam A and exam B
- Copy of the quality control plan
- Copy of a sample course certificate
- A description of the facilities and equipment to be used for lectures and hands-on training
- A description of the activities and procedures that will be used for conducting the skills assessment for each course
- Documentation supporting the training managers and principal instructors qualifications
- Payment for the nonrefundable course accreditation fees specified in K.A.R. 28-72-3

Please mail completed applications to:

Healthy Homes and Lead Hazard Prevention Program
1000 SW Jackson, Suite 200, Topeka KS 66612

If you have questions regarding this application, please contact our office. We would be happy to assist you!

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General Information:

All sections of this application are required to be completed. If an application is incomplete, you will be notified and will have 30 days to submit the additional information. All payments for accreditation are non-refundable as specified in K.A.R. 28-72-4. Fee exemptions are available for federally recognized Indian tribes, local government or nonprofit organizations. A letter of determination issued by the IRS must be submitted with this application to receive an exemption.

PART A. BUSINESS INFORMATION

Business or Organization Name (as it is to appear on license)		
Business Legal Owner(s) Name		
Business Street Address		City
State	Zip	County
Phone Number	Fax Number	
Current KS Lead Activity Firm License Number	Email Address	

PART B. TYPE OF OWNERSHIP

☐ Sole Proprietor or General Partnership

Social Security Number(s)

☐ Corporation, LLC, LP, LLP

Federal ID Number

Business Entity ID Number

☐ Government entity/agency or school district

Federal ID Number

PART C. TRAINER INFORMATION

Training Manager

	First Name	Last Name	Date of Birth
1			

Principal Instructor(s)

	First Name	Last Name	Date of Birth
1			
2			
3			
4			

Guest Instructor(s)

	First Name	Last Name	Date of Birth
1			
2			
3			
4			

PART D. TRAINING LOCATION(S)

Please list all locations trainings will be conducted. If additional space is needed, please attached a list with the application

Street Address	City	State	Zip

PART E. DESCRIPTION OF CHANGES

Initial applicants skip to part F.

Please indicate below a description of any changes to the training facility, equipment or course materials since your last application.

PART F. ACCREDITATION FEES

Listed below are the fees associated with each type of course you can become accredited to teach. A standard $500.00 fee is required plus the fees specific to each type of course. If a training course is taught in more than one language, a separate accreditation fee shall be required for each version of the training course.

Please choose all desired courses.

Initial Accreditation Fees						
Course Type			Course Language			
	Initial Course	Refresher Course	English	Spanish	Other	If other, please specify
Risk Assessor	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Inspector	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Abatement Supervisor	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Abatement Worker	☐ $1000.00	☐ $500.00	☐	☐	☐	
Project Designer	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Safe Work Practices	☐ $300.00	☐ $150.00	☐	☐	☐	

Re-Accreditation Fees						
Course Type			Course Language			
	Initial Course	Refresher Course	English	Spanish	Other	If other, please specify
Risk Assessor	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Inspector	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Abatement Supervisor	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Abatement Worker	☐ $1000.00	☐ $500.00	☐	☐	☐	
Project Designer	☐ $1000.00	☐ $500.00	☐	☐	☐	
Lead Safe Work Practices	☐ No Fee	☐ No Fee	☐	☐	☐	

PART G. CERTIFICATION

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations; and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations. I also attest and firm that I will conduct lead training only in those occupations in which I have received accreditation.

Signature of business owner _____ Date _____

Signature of business owner _____ Date _____

Signature of business owner _____ Date _____

Credit Card Authorization

If you would like to pay for your accreditation fee by credit card please complete the sections below. Cards accepted are VISA, MASTERCARD and DISCOVER.

DISCOVER CARDS ONLY -- There is a 2.5% fee for all DISCOVER charges.

Card Type: ☐ VISA ☐ Mastercard ☐ DISCOVER

Card Number:	Expiration Date (Month/Year)	Credit Card Code (3 or 4-digit code on the card)
Card Holders Name As It Appears On Card		Phone Number
Billing Address of Card City		
City	State	Zip

Total Amount To Be Charged To Card

Please provide e-mail address to receive receipt via email:

Card Holders Signature

Date