New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 372, Trenton, NJ 08625-0372
Telephone: 609-826-4950 Fax: 609-826-4975

LEAD TRAINING COURSE NOTIFICATION

All course information must be completed or the course will not be recognized. Please type or print legibly. Illegible notifications will be rejected. Notifications must be received by the NJDOH at least five (5) days but no more than two (2) weeks from the beginning of the course.

NOTIFICATION TYPE

Initial Notification: ☐ New Notification
Subsequent Submissions: ☐ Revision (indicate changes in Comments below) ☐ Cancellation

GENERAL COURSE INFORMATION

Unique Course ID Number *(assigned by Training Agency)*	Training Agency Name	Training Agency Number

First Day of Class	Last Day of Class *(leave blank for Refresher Course)*	☐ Days are not consecutive *Indicate non-consecutive Days in Comments.*	Course Times	Approx. # of Students

If class dates are not consecutive, each individual day must be indicated in the "Comments" section (below).
Reminder: All course agendas must be approved by the NJDOH before using it in a NJ-certified course.

Type of Course:
☐ **A. Initial** ☐ **B. Refresher**

Course Language:
☐ **1. English** ☐ **2. Spanish** ☐ **3. Polish** ☐ **4. Portuguese**

Course Discipline *(check one)*:
☐ **A. Worker-Housing and Public Buildings**
☐ **B. Supervisor-Housing and Public Buildings**
☐ **C. Inspector/Risk Assessor**
☐ **D. Planner/Project Designer**
☐ **E. Worker-Commercial Buildings and Superstructures**
☐ **F. Supervisor-Commercial Buildings and Superstructures**

INSTRUCTORS

All Course Instructors must be approved by the NJDOH in accordance with N.J.A.C. 8:42-4.5 prior to instructing a NJ-certified course.

General Lecture Instructor(s)

Health Effects/PPE Instructor(s)

Work Practice Lecture Instructor(s)

Work Practice Hands-on Instructor(s)

LECTURE LOCATION

Street Address		Name of Contact Person	
City	State	Telephone	Fax

HANDS-ON / SITE VISIT LOCATION ☐ ***Check here if Not Applicable***

Street Address		Name of Contact Person	
City	State	Telephone	Fax

Comments

In accordance with N.J.A.C. 8:62-4.4, if the course information changes, your agency must notify this office as soon as you become aware of such changes.

Name and Title of Person Submitting Notice *(Print)*	Signature	Date