

**APPLICATION FOR APPROVAL  
 AS A NEW JERSEY  
 ASBESTOS COURSE INSTRUCTOR**

*Directions: Please type or legibly print unless otherwise indicated. Sections I through VI MUST be completed by the applicant. Section VII must be completed by the agency to which the applicant wishes to be employed. Attaching just a resume is not acceptable. Note: NJDOH does not guarantee approval for all topics for which applied.*

I. GENERAL INFORMATION					
Application Type: <input type="checkbox"/> <b>First Time Application</b> <input type="checkbox"/> <b>Additional Approval Request</b> <i>(include copy of previous approvals)</i>					
Discipline(s): <input type="checkbox"/> <b>Worker</b> <input type="checkbox"/> <b>Supervisor</b>					
Topic Areas <i>(Check all that apply)</i> : <input type="checkbox"/> <b>General Lecture</b> <input type="checkbox"/> <b>Health Effects</b> <input type="checkbox"/> <b>Hands on</b> <input type="checkbox"/> <b>Smoking Cessation</b> <input type="checkbox"/> <b>Work Practice Lecture</b>					
II. INSTRUCTOR INFORMATION					
Last Name		First Name		M. I.	Date of Birth
Street Address			City	State	Zip Code
Telephone Number (    )		Fax Number (    )		Email Address	
III. CERTIFICATIONS					
<i>Provide copies of all documents listed. Use additional sheet if necessary.</i>					
Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, list all pertinent certifications below:					
License/Permit Description/Type	State Issued By	License/Permit No.	Issue Date	Expiration Date	Type of Work Performed with this Certification
IV. QUALIFICATIONS					
<i>In accordance with N.J.A.C. 8:60-6.5, instructors <u>must</u> meet the criteria listed below. Please complete items below:</i>					
All applicants for instructor approval must take the NJ asbestos supervisor course and successfully complete the third-party examination which has been approved by the NJDOH. Complete the following information:					
Course Dates		Date Passed Third Party Exam		Passing Score	
Additional Qualifications <i>(Check all that apply)</i>		<i>Experience in:</i>			
		<input type="checkbox"/> Design, field performance and evaluation of air monitoring programs <input type="checkbox"/> Design and implementation of respiratory protection programs <input type="checkbox"/> Designing, implementing, and evaluating either employee educational programs in occupational health and safety or vocational education programs  <i>On separate page, describe above items, including employer name, telephone and address, and dates employed.</i>			
<i>The following topic areas require additional education/experience.            If "health effects," "smoking cessation" or "hands on" are checked in Section I, you must provide the following for each:</i>					
<b>Health Effects</b>	Must be a qualified health professional. On a separate sheet, outline dates and description of experience, education (include dates and type of certification) and any pertinent licenses.				
<b>Smoking Cessation</b>	Must have successfully completed a course in smoking cessation approved by the NJDOH. Attach copy of certificate.			Smoking Cessation Course Dates:	
<b>Hands On</b>	Must have a minimum of one year of experience as a New Jersey asbestos abatement contractor or supervisor (must provide permit/licensing information in Section III above). If necessary, on a separate sheet, describe experience. Include information on employer (name, telephone, address, etc.).				

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(Continued)**

Last Name	First Name	M. I.	Date of Birth
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**V. APPLICANT HISTORY OF LEGAL ACTIONS**

*If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.*

Has/is the applicant identified in Section II above:

Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDOH? .....  Yes  No

Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency? .....  Yes  No

Been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency? .....  Yes  No

Been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency? .....  Yes  No

Been a defendant in any civil or criminal litigation? .....  Yes  No

**VI. APPLICANT STATEMENT AND SIGNATURE**

The information contained in this "Application for Approval as a New Jersey Asbestos Course Instructor" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification, application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as an asbestos training course instructor in New Jersey.

Signature	Date
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**VIII. AGENCY INFORMATION AND REPRESENTATIVE SIGNATURE**

*The information below must be completed by the training provider. If incomplete, the application will be rejected.*

Agency Name	Agency Number
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Agency Address
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The information contained in this "Application for Approval as a New Jersey Asbestos Course Instructor" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as an asbestos training course instructor in New Jersey.

I am authorized to sign for and on behalf of the persons listed as owners, partners, shareholders, officers and directors of this company.

Name (Print)	Title
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Signature	Date
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***This application must be forwarded to the New Jersey Department of Health by the Training Agency.***