Student Lead Training Accreditation ** One form must be completed for each student and each class**

(This program goal is to significantly increase the number of lead certified contractors & workers in **Rural Ohio Counties**)

The Ohio Development Services Agency's Office of Community Development (Development), partnering with the Ohio Department of Health (ODH) through the Training and Technical Assistance Grant Program for Lead Accreditation Training is to **providing free training.** The purpose of the Training and Technical Assistance Grant Program for Lead Accreditation is to optimize the lead workforce in Ohio by offering frequent, accessible, and affordable training opportunities. To receive this offer, you must be associated with, or willing to work with the Development and/or Health's grant programs and attend the entire class session.

I certify I am or are willing to work with Development and ODH program. I understand my information will be distributed to grant programs in the areas I have authorized.

(Information on this form is the student information)

Student Name: _____

Company Name: _____ Company Address: _____

Student Address: _____ Address for Certification   Student   Company

City: _____ State: Ohio Other State if not Ohio   Zip Code: _____

Phone: _____ Phone # Type: Cell   Work   Home   Other

Student Email: _____ Company Email: _____

Birthday _____/_____/_____   Only the Last Four Number of Social Security _____

Training Courses: (Check the actual class you want to take, remember a Lead Worker can that the Lead Contractor Class)
   (Remember to check the actual class on the class schedule, that you will be taking, and the date of the class listed)

☐ Ohio Department of Health (ODH) lead abatement contractor, (Requested Class Date ____/____/_____)

☐ Ohio Department of Health (ODH) lead abatement workers, (Requested Class Date _____/_____/_____)

☐ Ohio Department of Health (ODH) lead inspector/risk assessor, (Requested Class Date ___/___/____)

☐ U.S. Environmental Protection Agency (EPA) Lead Renovation, Repair and Painting Rule (RRP Rule)
   Lead-Safe Renovator (Requested Class Date ____/____/_____)

Type of work interesting in or currently performing for Development and/or ODH Grants:
        (Check all that apply)

   ☐ Lead Abatement and Lead-Safe Renovations

   ☐ Lead Abatement only,

   ☐ RRP/Lead-Safe Renovator only

   ☐ Lead Risk Assessor,

   ☐ Grantee/Administrator

Select the Counties in which you are willing to participate in Development and ODH grant programs. If you are willing to travel and work state-wide, please check the State-wide box below, or Not willing to work State-wide:
(Remember the program goal is to significantly increase the number of lead certified contractors & workers in Rural Ohio Counties)

   ☐ State-wide

   ☐ Not willing to work State-wide - check or circle counties willing to work in on the map page.
        (Remember you have to check the counties, if State-wide box is not checked).

(Remember Non-Rural counties, will not be subsidized under this free training program)

Student verification proof submitted for training verification:

Program Currently Working In an approved program :

Check Box and Submit Student Verification Proof for Currently Working in a Program. Check/Invoice:

Willing to work with Programs - If you have Contacted a Program, the Program Information below:

Other Verification Proof Submitted for Training:

Student Signature:_____ Print Name:_____ Training Provider:
                    Start or Class Date   Completion Date
(Trainer will enter Date & Address for Eligible Class and contact student by phone or email listed)   Corporation for Ohio Appalachian

   Training Class Date(s):   Lianna Development Corporation

   Training Class Address: Lead Experts