

7. **Length of Course:** _____
Number of Days **Number of Instructional Hours Per Day**

PART III. TRAINING PROVIDER PROFILE

1. Complete the table below by providing all requested information for all current asbestos training courses which the Training Provider has been approved to conduct by either the EPA, or a State asbestos accreditation program, and submit a legible copy of each approval letter.

Course Discipline	Approved by	Date of Approval	Full/Contingent
Initial AHERA Worker			
Refresher AHERA Worker			
Initial Contractor/Supervisor			
Refresher Contractor/Supervisor			
Initial Building Inspector			
Refresher Building Inspector			
Initial Management Planner			
Refresher Management Planner			
Initial Project Design			
Refresher Project Design			
Initial Operation & Maintenance			
Refresher Operation & Maintenance			
Initial Roofer Worker			
Refresher Roofer Worker			
Initial Roofer Supervisor			
Refresher Roofer Supervisor			

2. List of other environmental areas in which the training company provides training. Attach additional sheets as necessary.

3. Complete the table below for each instructor participating in the training course presentation. Attach additional sheets as necessary.

Instructor	Topic or Hands-on Activity	Time Allotted	Training Method	Audio Visuals	Topic Objective

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4. Complete the table below to provide information about the development of the training course materials. Attach additional sheets as necessary.

Course Material				
Developed By				
Date Developed				
Course Material Title				

5. Provide name, title and telephone number of individual(s) responsible for asbestos training course compliance with state and federal asbestos regulations.

6. Provide a description of company policy for course attendance for successful attendance.

7. Provide a description of company policy for re-examination should an attendee fail the examination.

8. Provide a description of company policy for re-issuing certificates should an attendee request a replacement certificate.

PART IV. ASBESTOS COURSE SUBMITTAL CHECK LIST

Below is a list of course documents and materials which must be submitted as part of this asbestos course approval application. Place a mark beside each item listed that you are submitting as part of this application.

1. _____ Legible copy of Student Manual (recommend index tabs) stating course purpose, objectives, table of contents and educational asbestos text.
2. _____ Author's name, textbook title, publisher and publication year provided for any published textbook used as supplemental course material.
3. _____ Legible copy of the Instructor Manual with outline or matrix of course curriculum.
4. _____ Training Course Agenda indicating topical sessions, hands-on training, breaks, lunches, course review, examination and amount of time allotted for each.

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5. _____ Description and a copy of all audio/visual materials used to enhance training.
6. _____ Description of each hands-on activity, and photographs of facility utilized for hands-on.

7. _____ Legible copy of training certificate issued to an attendee upon successful course completion.
8. _____ Legible copy of a sample examination with answers marked and a description of exam development, validation, and security.
9. _____ Submit a legible copy of each letter of approval or an instructor application for each individual participating in this asbestos training course discipline as an instructor for this company.

PART V. CERTIFICATION OF COMPLIANCE

I certify that the course materials submitted with this application for asbestos course approval comply with the requirements of §XV of the South Carolina Asbestos Regulation 61-86.1, *Standards of Performance for Asbestos Projects*, and with the Environmental Protection Agency Model Accreditation Plan (40CFR 763, Subpart E, Appendix C; and all current EPA, OSHA, State or local regulations. I understand that the information contained herein and attached hereto is true and complete. I understand that submittal of falsified information and /or documentation may lead to revocation of approval.

COMPANY CONTACT PERSON:

Printed Name: _____ Title: _____

Signature _____ Date: _____

Please submit completed application and applicable fee (\$350.00 per day per discipline for an initial course and \$200.00 per year per discipline for a refresher course) to:

South Carolina Department of Health and Environmental Control
Bureau of Air Quality
Asbestos Section
2600 Bull Street
Columbia, SC 29201

AN INCOMPLETE APPLICATION WILL BE RETURNED