



TRAINING COURSE PROVIDER RE-ACCREDITATION APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTHY HOMES AND LEAD HAZARD PREVENTION PROGRAM
1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612
1-866-865-3233 www.kshealthyhomes.org

GENERAL INFORMATION

A training provider seeking re-accreditation shall submit an application to KDHE at least 60 calendar days before its accreditation expires. Failure of the training provider to submit an application at least 60 days prior to the expiration date of their accreditation may result in the accreditation not being renewed before it expires. If a training provider allows the accreditation to expire before renewal, the training provider must reapply to KDHE.

A **complete application** includes:

1. A completed *Training Course Provider Re-Accreditation Application* form
2. A list of courses for re-accreditation
3. A description of any changes to the training facility, equipment or course materials since its last application, and
4. A check or money order for the amount of \$500.00 made payable to the KDHE/LEAD for the nonrefundable fees specified in K.A.R. 28-72-3, as applicable.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF ACCREDITATION

- **Please type or print legibly.**
- **Mail completed application to:**
Kansas Department of Health & Environment,
Attn: Healthy Homes and Lead Hazard Prevention Program, Curtis Building,
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

KDHE USE ONLY	
Application	_____
List of Courses	_____
Changes	_____
Payment	_____
Check #:	_____
Approved:	_____ Denied: _____
Date:	_____

NAME OF TRAINING PROVIDER

MAILING ADDRESS (STREET)

CITY	STATE	ZIP
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TELEPHONE NUMBER (____) _____ - _____	FAX NUMBER (____) _____ - _____	EMAIL ADDRESS
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NAME OF TRAINING MANAGER	DATE OF BIRTH
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NAME OF PRINCIPAL INSTRUCTOR	DATE OF BIRTH
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PART B. LIST ALL TRAINING SITE ADDRESSES

