



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 AIR POLLUTION CONTROL PROGRAM
TRAINING COURSE ACCREDITATION

FOR OFFICE USE ONLY

DATE RECEIVED	CHECK DATE
CHECK NUMBER	CHECK AMOUNT

GENERAL INSTRUCTIONS

Persons intending to provide training to meet the Missouri statutory and regulatory requirements for asbestos certification under Missouri Air Conservation Law, Chapter 643 RSMo and Missouri state rule, 10 CSR 10-6.250 must complete this training course accreditation form. Separate applications are required for each specialty area, and a fee of \$1,000 per training course is required. If a training provider desires to have more than three training courses reviewed for accreditation, the maximum fee to the state for review will be \$3,000. Print legibly or type the application form. Where separate pages are required to provide information requested by this application, the part and item number should be indicated on the supplemental page attached. A training course shall be accredited by the Director when all fees and information required in this form have been submitted and reviewed by the department and written verification for accreditation has been received by the training provider.

Training course accreditation must be renewed biennially as required in Missouri statute and rule. Training courses must meet the criteria as defined in EPA's Asbestos Hazard Emergency Response Act Model Accreditation Plan, 40 CFR Part 763, Appendix C, Subpart E, and Chapter 643 RSMo and Regulation 10 CSR 10-6.250.

Completed application form(s) (one form per course category) and the accreditation fees are to be mailed to the following address:

MISSOURI DEPARTMENT OF NATURAL RESOURCES
 AIR POLLUTION CONTROL PROGRAM (ASBESTOS)
 P.O. Box 176
 Jefferson City, Missouri 65102

PART A GENERAL INFORMATION

1. NAME OF FIRM		TELEPHONE NUMBER WITH AREA CODE	
2. MAILING ADDRESS (STREET)			
CITY		STATE	ZIP
3. CONTACT PERSON NAME	TITLE	EMAIL	
4. ARE YOU AN ACCREDITED TRAINING PROVIDER IN ANY OTHER STATE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY ▶			
5. HAS YOUR TRAINING PROGRAM RECEIVED ANY FEDERAL OR STATE NOTICE OF VIOLATION IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE ▶ <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE			
LOCATION OF VIOLATION		NATURE OF VIOLATION	
OUTCOME			

NOTE: The following statement must be signed by the administrator or operating officer of the entity seeking training course approval.

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding.

SIGNATURE	DATE
PRINT OR TYPE NAME	DATE

PART B COURSE ADMINISTRATION

1. INDICATE THE ASBESTOS OCCUPATION FOR WHICH THE COURSE IS DEVELOPED AND WHETHER INITIAL OR REVIEW TRAINING					
	INITIAL	REVIEW		INITIAL	REVIEW
Worker	<input type="checkbox"/>	<input type="checkbox"/>	Inspector	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Management Planner	<input type="checkbox"/>	<input type="checkbox"/>
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>			
2. TITLE OF THE COURSE					
3. LOCATION(S) WHERE THIS COURSE WILL BE PRESENTED					
4. FREQUENCY WITH WHICH THE COURSE WILL BE PRESENTED					
5. MAXIMUM NUMBER OF STUDENTS THAT WILL ATTEND EACH SCHEDULED COURSE					
6. FEE TO BE CHARGED FOR THE COURSE					

PART C CURRICULUM

The following course curriculum materials must be submitted for review in accordance with Chapter 643 RSMo and 10 CSR 10-6.250 and EPA's Asbestos Hazard Emergency Response Act (AHERA) Model Accreditation Plan. Make copies of page 3 as needed to supply the requested information.

1. TITLE OF THE COURSE
2. ASBESTOS OCCUPATION FOR WHICH THE COURSE IS DESIGNED
3. LIST THE PERSONS PRESENTING THE COURSE, INCLUDING THEIR EXPERIENCE, EDUCATION, AND OTHER QUALIFICATIONS. SHOW HOW THESE QUALIFICATIONS MEET THE REQUIREMENTS IN CHAPTER 643 RSMo AND 10 CSR 10-6.250 AND EPA'S AHERA MODEL ACCREDITATION PLAN. MAKE SPECIAL NOTE OF 10 CSR 10-6.250(3)(D)4.
4. MAXIMUM NUMBER OF STUDENTS TO BE ENROLLED IN EACH CLASSROOM PRESENTATION
5. MAXIMUM NUMBER OF STUDENTS TO BE ENROLLED IN EACH HANDS-ON CLASS
6. THE DATES AND TIME PERIODS OVER WHICH AN INDIVIDUAL TRAINING OR REVIEW COURSE WILL BE PRESENTED
7. THE NAMES AND AUTHORS OF ANY TEXT OR AUDIO-VISUAL MATERIAL TO BE USED, INCLUDING THE PUBLISHER AND EDITION, OR IF NO TEXT IS TO BE USED, A LIST OF ANY WRITTEN MATERIALS TO BE USED, INCLUDING THE SOURCE OF SUCH MATERIALS (SUBMIT A COPY OF THE WRITTEN PORTION OF YOUR TRAINING COURSE WITH THIS APPLICATION).
8. SPECIFIC OBJECTIVES FOR THE COURSE
9. THE UNITS TO BE COVERED IN THE COURSE FOR EACH RESPECTIVE SPECIALTY COURSE, INCLUDING A GENERAL DESCRIPTION OF THE NATURE OF THE INFORMATION TO BE PRESENTED.
10. THE METHOD OF INSTRUCTION AND TRAINING AIDS FOR EACH UNIT LISTED IN THE U.S. EPA'S AHERA MODEL ACCREDITATION PLAN. E.G. LECTURE, DEMONSTRATION, SIMULATION, SLIDE PRESENTATION, FILM STRIP, ETC.
11. THE LENGTH OF TIME TO BE SPENT ON EACH UNIT LISTED IN U.S. EPA'S MODEL ACCREDITATION PLAN.
12. A DESCRIPTION OF THE PRACTICAL HANDS-ON TRAINING TO BE PROVIDED FOR EACH UNIT.
13. LIST OF READING ASSIGNMENTS FOR THE COURSE.
14. A DESCRIPTION AND AN EXAMPLE OF NUMBERED CERTIFICATES ISSUED TO STUDENTS WHO ATTEND AND PASS THE COURSE.
15. EXPLANATION OF HOW STUDENTS WILL BE EVALUATED BY A COMPREHENSIVE EXAMINATION AT THE END OF THE COURSE.
16. EXPLANATION OF THE GRADING SYSTEM TO BE USED FOR WRITTEN EXAMINATIONS AND PROFICIENCY EVALUATIONS.
17. LIST OF TASKS AND DUTIES CONNECTED WITH EACH UNIT IN WHICH STUDENTS WILL BE EVALUATED FOR COMPETENCY, ALONG WITH GUIDELINES FOR EXAMINATIONS TO BE USED WHICH SHALL INCLUDE, AT A MINIMUM <ol style="list-style-type: none">PROCEDURES TO BE FOLLOWED IN ADMINISTERING EXAMINATIONSPROCEDURES TO BE FOLLOWED TO ENSURE SECURITY OF EXAMINATIONS, BOTH DURING ADMINISTRATION AND OTHERWISE, INCLUDING BUT NOT LIMITED TO THE NUMBER OF TIMES A PARTICULAR EXAMINATION WILL BE USEDPROCEDURES TO BE FOLLOWED TO VALIDATE EXAMINATIONS AS TESTING COMPETENCY IN THE UNIT BEING TESTED; ANDPROCEDURES TO BE FOLLOWED IN REPORTING THE GRADES TO THE INDIVIDUAL AND THE DEPARTMENT. INCLUDE ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION.

NOTE

The department may deny accreditation of a course if the applicant fails to provide information required within 60 days of receipt of departmental written notice that the application is deficient.
Training course providers shall have 30 days to correct the identified deficiencies in their training courses before the department issues final written notice that their accreditation is withdrawn.

PART D SUPPLEMENTAL INFORMATION

PART NUMBER

SUBPART NUMBER

PAGE NUMBER