



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

LEAD ABATEMENT SUPERVISOR OR WORKER CERTIFICATION APPLICATION

IMPORTANT: HAND-DELIVERED APPLICATIONS WILL NOT BE IMMEDIATELY REVIEWED BY THE DEPARTMENT. AFTER ALL DOCUMENTS HAVE BEEN RECEIVED, THE PROFESSIONAL STAFF OF THE DEPARTMENT WILL EVALUATE EACH APPLICATION IN THE ORDER IN WHICH IT WAS RECEIVED. ADDITIONALLY, PROFESSIONAL STAFF ARE NOT AVAILABLE FOR UNSCHEDULED "WALK-IN MEETINGS". IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR APPLICATION, PLEASE CALL (860) 509-7559.

- ◆ The fee for initial certification covers the cost of eligibility determination and related administrative functions; at such time as an applicant is determined eligible for certification, the process of certificate issuance will proceed immediately. Also, please be aware that subsequent certification renewal fees are separate and distinct from the application fee. Certificates are renewed annually during the certificate holder's month of birth. Renewal will be required in the **FIRST** birth month which immediately follows the issuance of certification. The full renewal fee will be required regardless of the date of initial certification.
- ◆ It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. It is not the responsibility of the Department to notify applicants of incomplete documentation.
- ◆ No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to, "TREASURER, STATE OF CONNECTICUT" in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application; **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR CERTIFICATION.**
- ◆ Certification requirements are subject to change as a result of new legislation, rules and regulations, or due to new policies and procedures that may be adopted by the Department of Public Health. Applicants must meet current requirements.
- ◆ Any incomplete application, which has remained inactive for one year, will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.



Lead Abatement Certification, Department of
Public Health
410 Capitol Avenue, MS# 51EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559
Fax: (860) 509-7378
www.ct.gov/dph

LEAD ABATEMENT WORKER CERTIFICATION

ELIGIBILITY

An applicant for lead abatement worker certification must meet the following eligibility requirements:

- Successful completion of a lead abatement **WORKER** initial training course, approved by the Connecticut Department of Public Health pursuant to Section 20-477 of the Connecticut General Statutes.

DOCUMENTATION REQUIRED

An applicant for lead abatement worker certification must submit or arrange for submission of the following:

1. A completed, notarized application (*enclosed*) with photograph, and fee of \$25.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**
2. a legible copy of your lead abatement **WORKER** training course certificate and, where applicable, current refresher certificate; **AND**
3. official verification, sent directly from each state licensing authority where a lead abatement or consultant license, certificate or registration is or has ever been held (*use enclosed FORM #1*).

LEAD ABATEMENT SUPERVISOR CERTIFICATION

ELIGIBILITY

An applicant for lead abatement supervisor certification must meet the following eligibility requirements:

1. Successful completion of a lead abatement **SUPERVISOR** initial training course approved by the Connecticut Department of Public Health pursuant to Section 20-477 of the Connecticut General Statutes; **AND**
2. at least one (1) year of experience as a lead abatement worker, **OR** at least two (2) years of experience in the building trades or in a related field including, but not limited to, lead, asbestos, radon or other environmental remediation work; **AND**
3. successful completion of Lead and Environmental Hazards Association's (LEHA) exam as administered by: **Pearson Vue., 3 Bala Plaza West, Suite 300, Bala Cynwyd, PA 19004, 1-888-204-6203 www.pearsonvue.com**, or a comparable third party exam. Pursuant to Section 20-478-2(g), Connecticut General Statutes, candidates must take the third party exam within 180 days of the successful completion of an appropriate approved training course.

DOCUMENTATION REQUIRED

An applicant for lead abatement supervisor certification must submit or arrange for submission of the following:

1. A completed, notarized application (*enclosed*) with photograph, and fee of \$25.00 in the form of a certified bank check or money order made payable to, "Treasurer, State of Connecticut"; **AND**
2. official verification, sent directly from each state licensing authority where a lead abatement or consultant license, certificate or registration is or has ever been held (*use enclosed FORM #1*); **AND**
3. official verification, sent directly from the appropriate authority to this office, of at least one (1) year of experience as a lead abatement worker or at least two (2) years in the building trades or related field (*use enclosed FORM #2*); **AND**
4. official verification sent directly from the examination service documenting passage of the Lead and Environmental Hazards Association's (LEHA) exam administered by **Pearson Vue., <http://www.pearsonvue.com>, 1-(888) 204-6203**; **AND**
5. a legible copy of your lead abatement **SUPERVISOR** initial training course certificate and, where applicable, current refresher certificate.

REINSTATEMENT PROCEDURES

In addition to the documentation required above, **reinstatement** applicants must arrange for submission of the following:

- A written synopsis (not a resume), of your professional activities since the certificate expired.
- A letter directly from the appropriate authority confirming your most recent employment including dates and an evaluation of your performance (If you own your own business, a letter from an environmental engineer, sanitarian, or colleague in a related field).
- A legible copy of your current refresher training course certificate in the specified lead abatement discipline.

All **supporting** documentation must be sent directly to:

*Department of Public Health
Lead Abatement Certification
410 Capitol Avenue - MS # 51EPL
P.O. Box 340308, Hartford, CT 06134
Telephone: (860) 509-7559
<http://www.ct.gov/dph>*



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Cert.#: _____
Effective: _____

LEAD ABATEMENT WORKER AND SUPERVISOR APPLICATION

Please check one: INITIAL REINSTATEMENT

TYPE OF CERTIFICATION: Indicate *type of certification applying for*. Please note that a **certified** lead abatement supervisor can perform all the duties of a lead abatement worker without being certified as a lead abatement worker.

Please check one: LEAD ABATEMENT WORKER LEAD ABATEMENT SUPERVISOR

Last name: _____ First name: _____ MI: _____ Maiden name: _____

Date of birth: ____/____/____ SS #: ____-____-____ Gender: _____

Name and Mailing Address: This is how your name and address will appear on your official certificate, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on certificate: _____

Address: _____

City, State, Zip: _____

Daytime phone number: (____) _____ E-mail: _____

If **YES**, attach a written statement to this application briefly describing the nature of the disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN OTHER STATES/TRIBES: List all states, other than Connecticut, and tribes (in which you have ever been licensed, certified, accredited or approved in any lead abatement or consulting discipline. **You must forward a copy of the verification form (FORM #1) to the state(s) and tribe(s) in which you have ever been licensed, certified, accredited or approved.**

STATE/TRIBE	LIC/CERT/ACCRED/APPRVL	NUMBER	EXP. DATE

TRAINING COURSE: Certification requires completion of an approved training course as outlined in the ELIGIBILITY section for each category. **Attach a copy of the training course completion certificate. Please ensure that the provider of the training course you completed has forwarded official verification of your completion directly to this office.**

LEAD ABATEMENT SUPERVISOR APPLICANTS:

Forward a copy of FORM #2 "VERIFICATION OF EXPERIENCE" to the appropriate employer(s) where at least one (1) year of experience as a lead abatement worker or at least two (2) years of experience in the building trades or in a related field including, but not limited to, lead, asbestos, radon or other environmental remediation work was completed. Then proceed to "PROFESSIONAL HISTORY" section.

PROFESSIONAL HISTORY: Answer A-G by checking YES or NO. If you answer YES, follow directions below.

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? YES NO

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you? YES NO

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES NO

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? YES NO

If you answered yes to any of the above questions (A-E), please give full details, names, addresses, on a separate, NOTARIZED statement.

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES NO

If yes, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES NO

If yes, give full details, including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.

PHOTOGRAPH:

*Affix a recent
photograph of
applicant here*

NOTARIZATION:

On this _____ day of _____ in the year _____, _____ (*applicant's name*) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Signature of Applicant

Sworn to before me this _____ day of _____ in the year _____

Signature of Notary Public

My Commission expires

SEND APPLICATION AND FEE FOR \$25.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

LEAD ABATEMENT CERTIFICATION
DEPARTMENT OF PUBLIC HEALTH
410 CAPITOL AVENUE, **MS# 12MOA**
P.O. BOX 340308
HARTFORD, CT 06134-0308

NOTE: To obtain the current lead poisoning prevention and control regulations (sections 19a-111-1 through 19a-111-11) and other related information please call the Connecticut Childhood Lead Poisoning Prevention Program at (860) 509-7299 or you may consult our website at www.ct.gov/dph .

Privacy Act: The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. The following information is provided to comply with these requirements. Disclosure of the social security number is mandatory, pursuant to Section 17b-137a(1), Connecticut General Statutes. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.

FORM # 1

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN AN LEAD ABATEMENT OR CONSULTANT DISCIPLINE

APPLICANT: Complete the top portion of this form and forward it to the state(s) and tribe(s) (other than Connecticut) where you have been/are licensed/certified/accruited/approved in any lead abatement or consultant discipline. You may make a copy of this form if you are licensed/certified/accruited/approved in more than one state/tribe.

Name: _____ Date of Birth: ____/____/____

Connecticut Lead Certification Category Applying for: _____

License/Certificate/Accreditation/Approval Number: _____ Date Issued: ____/____/____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LICENSING/CERTIFYING AGENCY USE ONLY

This is to certify that the above named individual was issued a license/certificate/accruited/approval number _____ to work as a _____ (type/category) on ____/____/____ (date of issuance).

1. Current Licensure/Certification/Accruited/Approval Status: **Active** **Inactive** **Lapsed**

2. Date License/Certificate/Accruited/Approval Expires: ____/____/____

3. Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint:

Yes **No**

If Yes, please forward all publicly discloseable information regarding the encumbrance and basis for same. Please advise this office if you require a consent for release of this information from the applicant.

NAME: _____ TITLE: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

PLEASE FORWARD THIS FORM DIRECTLY TO:

**Lead Abatement Certification, Department of Public Health
410 Capitol Avenue, MS# 51EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559
Fax: (860) 509-7378**

FORM # 2

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

VERIFICATION OF EXPERIENCE

APPLICANT: Complete the top portion of this form and forward it to the employer(s) where you have completed the required experience as defined under ELIGIBILITY.

Name: _____ Date of Birth: ____/____/____

Connecticut Lead Certification Category Applying for: _____

Employer Indicated on Your Application: _____

Dates of Employment Indicated on Application Form: ____/____/____ to ____/____/____

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

This is to certify that the above individual, _____, was employed from
____/____/____ to ____/____/____ for _____ (company name)

1. Job title of highest responsibility of the above named individual: _____

2. List duties carried out under this job title: _____

3. Do you have any derogatory information regarding the competency or conduct of this individual? If yes, please explain: _____

NAME: _____ TITLE: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

PLEASE FORWARD THIS FORM DIRECTLY TO:

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