

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH ASBESTOS PROGRAM ASBESTOS TRAINING COURSE INSTRUCTOR APPLICATION

NAME:		
ADDRESS:		
CITY:	STATE:Z	IP:
SOCIAL SECURITY NUMBER:	PHONE:	

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your Social Security number as part of the instructor application. Failure to provide your Social Security number shall result in the denial of your application.

SPECIFY THE NAMES OF ALL TRAINING COURSE SPONSORS FOR WHICH YOU ARE EMPLOYED AND THE DATES OF EMPLOYMENT

Name of Training Provider	From	<u>To</u>

PLEASE CHECK THE COURSES AND CIRCLE WHICH ASPECTS OF THE COURSES YOU ARE APPLYING TO TEACH.

H/S APPLYING TO TEACH ONLY THE "HEALTH AND SAFETY" ASPECTS OF THE COURSE

I/L APPLYING TO TEACH ONLY THE "INSURANCE AND LEGAL" ASPECTS OF THE COURSE

H/O APPLYING TO TEACH ONLY THE "HANDS ON" ASPECTS OF THE COURSE

INITIAL				REFRESHER	
WORKER	ALL	H/S	I/L	H/O	WORKER ALL H/S I/L H/O
CONT/SUP	ALL	H/S	I/L	H/O	CONT/SUP ALL H/S I/L H/O
INSPECTOR	ALL	H/S	I/L	H/O	INSPECTOR ALL H/S I/L H/O
MGT PLAN	ALL	H/S	I/L	H/O	MGT PLAN ALL H/S I/L H/O
DESIGNER	ALL	H/S	I/L	H/O	DESIGNER ALL H/S I/L H/O

Attach certificates of asbestos related courses and complete the experience portion of this application.

COMPLETE THIS PORTION OF THE APPLICATION IN DETAIL

LIST EXPERIENCE (either occupational or educational) IN HOURS RELATED TO TYPE OF COURSES AND THE ASPECTS OF THE COURSES THAT YOU HAVE CHECKED.

EXPERIENCE	HOURS	DATES

SIGNATURE_____

DATE

Submit the completed instructor form to the Illinois Department of Public Health, Asbestos Program 525 W. Jefferson St., Springfield, IL 62761 or fax to 217-785-5897.