Lead Training Provider Application for West Virginia Accreditation

Provider Name: _____________________________ Date: ______________
Address: ______________________________________
City: __________________ State: __________ Zip: ___________
Telephone: __________________ Fax: _______________
Contact Person: __________________ Title: ________________

Lead Courses for accreditation:

Worker_____ Worker Refresher_____ Supervisor_____ Supervisor Refresher_____
Inspector_____ Inspector Refresher_____ Risk Assessor_____ Risk Assessor Refresher_____
Project Designer_____ Project Designer Refresher_____

Initial Accreditation: $1,000 per discipline; max. $3,000 Reaccreditation: $500 per discipline

Amount attached $________

Instructors:
Name(s): __________________ Years experience: ________________
_______________________ Years experience: ________________
_______________________ Years experience: ________________

(Attach documentation)

Attach notary certification and other documentation as required by WV Training Accreditation Standard.

Additional Comments: ________________________________________
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