



NOTIFICATION OF LEAD TRAINING COURSE

*Please complete a separate notification for each course or series conducted
(eg. Basics - Worker - Supervisor OR Inspector - Risk Assessor, etc.)*

Training Course Provider: _____ LAHHS registration no. T - _____ Course to be held at (facility): _____ Address: _____ City: _____

Course Information

Course Name	Start date	End date	Course Name	Start date	End date
<input type="checkbox"/> Core Lead Basics			Special information:		
<input type="checkbox"/> Worker - initial			<input type="checkbox"/> Worker - refresher		
<input type="checkbox"/> Supervisor - initial			<input type="checkbox"/> Supervisor - refresher		
<input type="checkbox"/> Inspector - initial			<input type="checkbox"/> Inspector - refresher		
<input type="checkbox"/> Risk Assessor - initial			<input type="checkbox"/> Risk Assessor - refresher		
<input type="checkbox"/> Clearance Tech - initial			<input type="checkbox"/> Clearance Tech - refresher		
<input type="checkbox"/> Project Designer - initial			<input type="checkbox"/> Project Designer - refresher		

Instructor Information

course	Name of Principal Instructor	Other instructor(s) & topics they will cover	Other Instructor date(s)

This form **must** be mailed or FAXed at least seven (7) calendar days prior to conducting the course described to:

Michigan Department of Community Health
Lead and Healthy Homes Section
P.O. Box 30195
Lansing, MI 48909
Attn: Training Coordinator
FAX: (517) 335-8800

NOTE: If the course(s) described above is canceled, or the dates modified, LAHHS must be notified no later than 24 hours prior to the original start date.