**Healthy Homes Section**
P.O. Box 30195
Lansing, Michigan 48909
(517) 335-9390
www.mi.gov/leadsafe or
www.mi.gov/healthyhomes

# Accredited Training Course Class List

*Please complete a separate class list for each course conducted*

| | |
|---|---|
| Name of Training Course Provider | |
| If taught in a language other than English, specify language | |
| Name of Course<br>☐ Worker ☐ Supervisor ☐ Inspector ☐ Risk Assessor ☐ Project Designer ☐ Clearance Tech ☐ Core Basics | |
| Type of Course<br>☐ Initial ☐ Refresher | |
| Course Location | Course dates |

*I hereby certify that the following students have completed the accredited lead training course described above.*

_____ _____
*Principal Instructor* *Date*

| Name | Social Security No. | Certificate No. | Unsuccessful |
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**Additional space on reverse side**



Authority: P.A. 368 of 1978, as amended

**ACCREDITED TRAINING COURSE CLASS LIST - continued**

| Name | Social Security No. | Certificate no. | Unsuccessful |
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Mail or Fax this completed form to:

**Michigan Department of**
**Health and Human Services**
**P.O. Box 30195**
**Lansing, MI 48909**
**Attn: Training Coordinator**
**FAX: (517) 335-8800**