

ACCREDITED LEAD TRAINING COURSE

Class List

Course Training Provider:

Course Name:	Course Type:	Course Start Date:	Course End Date:
Worker	Initial		
Supervisor	Refresher		
Inspector	Online or on site:		
Risk Assessor	Online		
Project Designer	On site		

Course Location:

If taught in a language other than English, specify language:

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

Principal Instructor

Class List

Student Name	Last 4 digits of SSN	Certificate Number	Pass / Fail	
			Pass	Fail

*SSN = Social Security Number

Date



MDHHS-Lead Certification and Compliance Assurance PO Box 30195, 3rd floor, Lansing, MI 48909 Ph: 517-335-9390 Fx: 517-284-9956 LCCAinfo@michigan.gov

Class List Continued

Student Name	Last 4 digits of SSN	Certificate Number	Pass / Fail	
			Pass	Fail

Mail, fax or email this completed form to:

MDHHS-Lead Certification and Compliance Assurance Attn: Training Coordinator PO Box 30195, 3rd floor Lansing, MI 48909 Fx: 517-284-9956 LCCAinfo@michigan.gov

*SSN = Social Security Number