



Notification of Lead Training Course

Please submit form to LCCAinfo@michigan.gov or Fax to 517-284-9956.

Training Provider:

Training Provider:

Training Provider No.: Today's Date:

Course Address / IP Address:

Room Number:

City:

State:

Zip:

Course Information:

Course Name:

Course Type:

Course Start Date:

Course End Date:

Worker

Initial

Supervisor

Refresher

Inspector

Online or on site:

Course Start Time:

Course End Time:

Risk Assessor

Online

Project Designer

On site

Class Updates:

Class Canceled

Date of cancellation:

Class Moved

New class location:

Class Rescheduled

New class dates:

Instructor Information:

Name of Principle Instructor(s):

Name of Guest Instructor(s):

Topics Guest Instructor(s) will cover:

This form must be submitted at least seven (7) calendar days prior to conducting the course(s) listed above. If course(s) described above is canceled, or the dates are modified, MDHHS-Healthy Homes Section must be notified no later than 24 hours prior to the original start date.

DHHS-0368E

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