



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ASBESTOS PROGRAM
ASBESTOS TRAINING COURSE INSTRUCTOR APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ PHONE: _____

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your Social Security number as part of the instructor application. Failure to provide your Social Security number shall result in the denial of your application.

**SPECIFY THE NAMES OF ALL TRAINING COURSE SPONSORS FOR WHICH YOU ARE EMPLOYED
AND THE DATES OF EMPLOYMENT**

<u>Name of Training Provider</u>	<u>From</u>	<u>To</u>

PLEASE CHECK THE COURSES AND CIRCLE WHICH ASPECTS OF THE COURSES YOU ARE APPLYING TO TEACH.

- ALL APPLYING TO TEACH ALL OF THE COURSES
- H/S APPLYING TO TEACH ONLY THE "HEALTH AND SAFETY" ASPECTS OF THE COURSE
- I/L APPLYING TO TEACH ONLY THE "INSURANCE AND LEGAL" ASPECTS OF THE COURSE
- H/O APPLYING TO TEACH ONLY THE "HANDS ON" ASPECTS OF THE COURSE

	INITIAL					REFRESHER				
WORKER	ALL	H/S	I/L	H/O		WORKER	ALL	H/S	I/L	H/O
CONT/SUP	ALL	H/S	I/L	H/O		CONT/SUP	ALL	H/S	I/L	H/O
INSPECTOR	ALL	H/S	I/L	H/O		INSPECTOR	ALL	H/S	I/L	H/O
MGT PLAN	ALL	H/S	I/L	H/O		MGT PLAN	ALL	H/S	I/L	H/O
DESIGNER	ALL	H/S	I/L	H/O		DESIGNER	ALL	H/S	I/L	H/O

Attach certificates of asbestos related courses and complete the experience portion of this application.

