

# EPA Certification Renewal Instructions

These instructions explain how to apply for EPA Certification Renewal after successfully completing HomeSafe's on-line refresher course.

*Note: Adobe Reader software allows you to identify in which form fields you can type. Click the "Highlight Fields" button in the header. Your ability to save data entered on the attached PDF forms will be noted in the header of your PDF Reader. If you cannot save the data, you must print the forms to make copies. Get free Adobe Reader updates at <http://www.adobe.com/products/acrobat/readstep2.html>*

## **Step One** – Download the 3-page EPA CCF Package (PDF)

*Includes Instructions & 2-page Course Completion Form (CCF).  
You can also download an EPA Renewal Application (PDF) if needed.*

## **Step Two** – Fill out, print and sign **two (2)** copies of your CCF.

*NOTE: Enter your "CCF control number" at the top left (above "Form Number"). This 6 digit number was provided to you by e-mail after you enrolled. If you don't have it, call (800) 648-5323. Do not submit without a CCF control number.*

Using *Adobe Reader* you can **type & tab through the entries on your computer**. You must **complete the top part of the CCF BEFORE** proceeding to the next step.

## **Step Three** – Send one **(1)** signed CCF copy to HomeSafe:

Email to: John@homesafe.org or,  
FAX to: (909) 796-2155 or,  
USPS Mail to:

**HomeSafe Environmental, Inc.**  
**Attn: Web Training CCF**  
**24662 Redlands Blvd.**  
**Loma Linda, CA 92354**

*This is very important. HomeSafe is required to certify your on-line training. We must complete the "Training Information" (bottom) section of your CCF before you forward it to EPA. Get it to us quickly and we will send it back ASAP.*

## **Step Four** – Finally, send your renewal application(s) to EPA as usual and include:

1. CCF - Course Completion Form (signed and dated)
2. EPA Renewal Application(s)

**Optional** - Keep copies of Renewal App and CCF forms for your records.

Address questions or comments to:

John@homesafe.org

# COURSE COMPLETION FORM

Form Number \_\_\_\_\_

**Instructions:** The top half of this form is to be completed by the student, and sent to the accredited training provider for completion of the bottom portion. The accredited training provider must submit the original copy of this form to CLPPB **and** two copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** El estudiante deberá llenar la parte superior de este formulario, y mandarlo al proveedor acreditado del entrenamiento. El Proveedor acreditado del entrenamiento deberá completar el inferior del formulario, mandar el original al CLPPB, y mandar dos fotocopias al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

**Student Information** – To be completed by the student. Please print or type. Press firmly. / Deberá completarse por el estudiante. Favor de escribir firmemente y con letra de molde.

Name / Nombre (last / apellido) \_\_\_\_\_ (first / primer nombre) \_\_\_\_\_ (middle initial / segundo nombre) \_\_\_\_\_ Telephone number / Número de teléfono \_\_\_\_\_

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) \_\_\_\_\_ Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) \_\_\_\_\_

City / Ciudad \_\_\_\_\_ State / Estado \_\_\_\_\_ ZIP code / Código postal \_\_\_\_\_ Photo identification / Tarjeta de identificación con foto Number / Número \_\_\_\_\_ Type / Tipo  Driver's license / Licencia de manejar  Resident alien card / Tarjeta de residencia  Other ID / Otro tipo de ID (specify / especifique): \_\_\_\_\_

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal) \_\_\_\_\_ Gender / Sexo  Male / Masculino  Female / Femenino

City / Ciudad \_\_\_\_\_ State / Estado \_\_\_\_\_ ZIP code / Código postal \_\_\_\_\_ If currently DHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS \_\_\_\_\_

**Race/Ethnicity / Raza/Etnia**  
 Asian / Asiático  Black/African American / Negro/Africano Americano  Latino/Hispanic / Latino Americano  Native American / Americano Nativo  
 White / Blanco  Pacific Islander / Pacífico Isleño  Other / Otro: \_\_\_\_\_

Prior to signing, read the Privacy Statement and other information on the back of the form. Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante \_\_\_\_\_ Date (month/day/year) / Fecha (mes/día/año) \_\_\_\_\_

**Training Information** – To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address \_\_\_\_\_ Training Provider Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Course Number \_\_\_\_\_

Course title: \_\_\_\_\_ Instructor Name(s): \_\_\_\_\_  
 Work  Continuing Education for Workers  
 Inspection/Assessment  General Continuing Education  
 Certified Industrial Hygienist  Supervision and Project Monitoring  
 Project Designer  Supplemental Supervision and Project Monitoring  
 English  Spanish

Course dates (mm/dd/yy) \_\_\_\_\_ Number of contact hours of instruction completed \_\_\_\_\_ Date student passed course or continuing education final examination (mm/dd/yy) \_\_\_\_\_ Core Instruction (if different) Core instruction CCF number \_\_\_\_\_  
 \_\_\_\_\_ Location of course \_\_\_\_\_ Core CCF date (mm/dd/yy) \_\_\_\_\_

**As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.**  
 Name of Training Director – please print or type \_\_\_\_\_ Signature of Training Director \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**Privacy Statement:** This information is requested by the Department of Health Services, Childhood Lead Poisoning Prevention Branch, under the Health and Safety Code, Section 105250, in order to determine the eligibility of an individual for Lead Certification. Provision of this information is mandatory. The consequence of not providing this information is denial of certification. This information may be provided to the California Division of Occupational Safety and Health (Cal-OSHA) and California government agencies and officials, as provided by law. You have the right to access records containing your personal information maintained by the Department of Health Services. For information or access to your records, contact the Childhood Lead Poisoning Prevention Branch, 850 Marina Bay Parkway, Building P, 3<sup>rd</sup> Floor Box A, Richmond, CA 94804-6403, Telephone: 1-800-597-LEAD.

**Declaración Sobre la Privacidad:** Esta información es solicitada por el Departamento de Servicios de Salud de California, División de Prevención de Envenenamiento por Plomo en la Niñez, bajo el Código de Salud y Seguridad, Sección 105250, para determinar la elegibilidad del individuo para la certificación del plomo. Proveer esta información es obligatorio. La consecuencia de no dar esta información será la negación de la certificación. Esta información puede ser adquirida por la Administración de la Seguridad y La Salud Ocupacional de California (Cal-OSHA), y otras agencias y oficiales del gobierno según la ley. Usted tiene el derecho de obtener su información personal mantenida por el Departamento de Servicios de Salud de California. Para información y obtener sus documentos comuníquese con la División de Prevención de Envenenamiento por Plomo en la Niñez, 850 Marina Bay Parkway, Building P, 3<sup>rd</sup> Floor Box A Richmond, CA 94804-6403, Teléfono: 1-800-597-LEAD.

**Authorization to Release Information:** I authorize the accredited training provider listed on the front of this form to release information to the State of California, Department of Health Services (DHS) regarding my completion of this instruction for the purpose of Lead Certification.

**Autorización para pasar información:** Autorizo al Proveedor acreditado del entrenamiento a que pase al Estado de California, Departamento de Servicios de Salud, toda mi información en relación del curso tomado para obtener la certificación para trabajar con Plomo.

**I understand that possession of this form does not constitute certification by DHS. I understand that I must apply to DHS within one year of successful completion of the final examination to be eligible for certification or renewal.**

**Entiendo que al obtener este formulario no constituye tener la certificación con DHS. Entiendo que tengo un año para solicitar al DHS después de haber pasado el examen final.**