Michigan Department of Community Health

MDCH

Lead and Health Homes Section
P.O. Box 30195
Lansing, Michigan 48909
(517) 335-9390

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

☐ Worker ☐ Supervisor ☐ Inspector ☐ Risk Assessor ☐ Project Designer ☐ Clearance Tech ☐ Core Basics

Type of Course

☐ 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

Additional space on reverse side

ACCREDITED TRAINING COURSE CLASS LIST

Name	Social Security No.	Certificate no.	Unsuccessful

Mail this completed form to:

Michigan Department of Community Health
Lead and Healthy Homes Section
P.O. Box 30195
Lansing, MI 48909
Attn: Training Coordinator
FAX: (517) 335-8800