



**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

	<b>INITIAL</b>				<b>REFRESHER</b>				
	ALL	H/S	I/L	H/O	WORKER	ALL	H/S	I/L	H/O
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.

