

Class rosters shall be submitted to the Illinois Department of Public Health (IDPH) within seven calendar days after completion of the course. The following information shall be submitted to IDPH to be used as the class roster.												
Today's Date: Provider ID Number		: Tra	Training Course Provider Name:									
Phone: Fax:		Cla	Class Number:									
I. Course Information												
	Inspector 🔲 Risk Assessor			<ul> <li>English</li> <li>Polish</li> <li>Other</li> <li>Alternative</li> <li>Refresher</li> <li>Cancellation</li> </ul>								
Start Date:	Exam Date:	Cor	Contact Person:									
II. Course Location												
Facility:												
Street Address:		City	City:					State:	ZIP Code:			
III. Course Instructors												
1st Course Instructor:		Teaching What Aspect of Course:										
2nd Course Instructor:	Teaching	Teaching What Aspect of Course:										
3rd Course Instructor:	Teaching	Feaching What Aspect of Course:										
4th Course Instructor:	Teaching	Teaching What Aspect of Course:										
Comments:												
IV. Student Information												
First Name Last Na		ne	SSN or Le	SSN or Lead License #		Certificate Number		Score				

## Lead Training Course Roster



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IV. Student Information (continued)											
First Name	Last Name	SSN or Lead License #	Certificate Number	Score							

Mail to: Illinois Department of Public Health Division of Environmental Health Illinois Lead Program 525 W. Jefferson St., 3rd Floor Springfield, IL 62761 or Fax to: 217-557-1188 or Submit electronically