

**New York State Department of Health
Asbestos Safety Training Program**

Instructor Approval Request Form

I. General Information

Name of Accredited Training Provider: _____ Date: _____

Training Director Name: _____ Signature: _____
(Print Name) (Signature of Training Director)

Approval Requested For: _____ Signature: _____
(Print Name of Proposed Instructor) (Signature of Proposed Instructor)

The Asbestos Safety Training Program approves instructors in accordance with 10 NYCRR Part 73. For additional guidance, the Advisory Memorandum must be followed for guidance on specific documentation that should be submitted in order to obtain approval. Should the approval be granted, the proposed instructor acknowledges employment or professional association with the accredited training provider.

II. Requested Approvals *(The Training Director shall check all those that apply where approval is being sought.)*

Classroom Instructor for all Initial accredited training programs: ☐

Classroom Instructor for all Refresher accredited training programs: ☐

Hands-on Instructor for all applicable accredited training programs: ☐

Health Effects—Initial Training Programs: ☐

Legal Liabilities/Insurance Issues—Initial Training Programs: ☐

Approvals requested as described below: ☐

III. Submittal Requirements

The following documents must be submitted as necessary to prove that the proposed instructor meets the requirements of section 73.4, including relevant education, work experience, and training requirements: (1) Official academic transcripts; and/or (2) One of the following: (i) resume; (ii) letters of reference; (iii) instructor certification in another Model Plan Accredited State; or (iv) documentation of work experience; and (3) A copy of the signed statement of employment. Please refer to the memorandum for additional guidance regarding documentation.

Execution of this form by the Training Director and proposed instructor meet the requirements of the statement of employment.