Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8595 www.dpor.virginia.gov



## **PROPOSED - PENDING APPROVAL**

Board for Asbestos, Lead and Home Inspectors HOME INSPECTORS - NRS TRAINING MODULE/ NRS CPE COURSE APPROVAL APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select <u>one</u> of the following :

Х	Approval Type	Trans	Fee
	3395 - Initial NRS Training Module Approval	####	\$150.00
	3396 - NRS CPE Course Approval	####	\$150.00

Provide a <u>current or previously</u> issued license by the Department of Professional and Occupational Regulation or the Virginia Board for Asbestos, Lead and Home Inspectors as a Training Provider (if applicable):

	Virginia Provider Approval Number			,			
1.	Name of Provider						
2.	Trade, "Doing Business As" (DBA) or Fictitious Name						
3.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.				7. 6 1		
4.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	City       State         Check here if Street Address is the same as the Mailing Address listed abore			Zip Code ve.		
		City		State	Zip Code		
5.	Contact Numbers				_		
6.	Email Address	ry Telephone Alternate Telephone Fax			-ax		
0.		ess is considered a public	record and will be disclosed upon re	equest from a thi	rd party.		
7.							
				Primary Te	elephone		
8. Name of Training Module/Course							
	Contact Hours Date						
<ul> <li>9. Method of Instruction (select <u>all</u> that apply):</li> <li>Classroom On-line</li> </ul>							
OFFICE USE	DATE FEE TRANS COD	E ENTITY #	FILE #/LICENSE #		ISSUE DATE		
	1020						

### 10. Instructor Information. Attach a resume for each instructor listed below:

Instructor's Name	Certification/License No. (if applicable)	Contact Number	Resume Attached?
			🔿 Yes 🔿 No
			🔿 Yes 🔿 No
			🔿 Yes 🔿 No

11. By signing this application, I certify the following statements:

.. . .. .. ...

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to withdrawing the approval or denial of application.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested approval.
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 5, of the *Code of Virginia* and the *Virginia Board for Asbestos, Lead and Home Inspectors;* Certified Home Inspectors Regulations.

I am authorized to bind the application herein:						
Print Name		Title				
Signature			Date			

# **REQUIRED ATTACHMENTS**

The following attachments must be provided in your application package. Include a "spacer page" to label each attachment according to the numbers listed below.

## - Attachment # 1: Course Syllabus -

The course syllabus shall list the purpose of the training module/course and the main topics covered in the training module/course. The course syllabus shall include, but not limited to, subject area and time allotted for each requirement as stated in 18VAC15-40-240.

## - Attachment # 2: Instructor Information -

List all instructors for the training module/course and include a resume showing the appropriate teaching and technical experience for each instructor.

## - Attachment # 3: Schedule of Course Dates and Locations -

Provide information pertaining to the anticipated schedule and location(s) for the training module/course. If you have not developed a schedule, provide an anticipated start date for the program. Please note that you must provide the Board office with a final schedule and location(s) prior to holding the class.

### - Attachment # 4: Course Materials and Fees -

Information pertaining to any materials used or distributed during the training module/course, including books, handouts, pamphlets, and slide presentations/overheads. If the materials are "custom" information, i.e. developed by the provider, please provide a copy. If you will be using materials developed by an outside source, please provide detailed information about the publication. A copy of the materials may be

requested. Please provide the fees that will be assessed for the course and whether or not the fees include any materials for the course and, if not, the materials that students are required to furnish.

#### - Attachment # 5: Course Completion Certificate -

Copy of certificate of completion or other documentation provided to the student to signify module/course completion.

#### - Attachment # 6: Online/Correspondence Course Information -

If an online or correspondence course, provide information on the security procedures to be utilized. In addition, provide information on the test that will be given at the end of the course and security related to the test. Online providers must provide the website address, user ID, and password to be utilized by the Board during the review process in order to access your course. Correspondence course providers must provide a copy of the packet that will be distributed to students.