

**Clandestine Drug Laboratory Remediation Training Provider Application
For West Virginia Accreditation**

**WEST VIRGINIA BUREAU FOR PUBLIC HEALTH
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Clandestine Drug Laboratory Remediation Program
350 Capitol Street
Room 313
Charleston, WV 25301-1798
Telephone (304) 558-2981 Fax (304) 558-0524**

Type or print legibly in blue ink.

A. General Information

Provider Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Contact Person _____ Title _____

Initial Accreditation Fee: \$1,000.00 Annual Re-accreditation Fee: \$500.00

Please attach a check or money order payable in the amount listed above to the **WV Bureau for Public Health**. Tax is not applicable. We can not accept cash or credit cards. (Application without a fee cannot be processed)

B. Instructor Information (Attach a separate sheet of paper for qualifications if needed)

Name(s) _____	Qualifications _____
_____	_____
_____	_____
_____	_____

C. Attachments (Please indicate the items being submitted for review)

D. Health Department Use Only

Fee:

App. No. _____
Approved By _____ Date _____
Denied By _____ Date _____
Issue Date _____
Mailed To _____

Paid By _____
Amount Paid _____
Check Number _____
Date of Check _____
Date _____