

REGISTRATION FORM FOR NIOSH-APPROVED SPIROMETRY COURSE
SPONSORED BY THE U.S. NAVY

This information will be used primarily in registration for U.S. Navy NIOSH-Approved Spirometry Courses.

PLEASE SIGN THE PRIVACY ACT STATEMENT

COURSE DATES FOR WHICH YOU ARE REGISTERING _____

NAME: _____ DEPT/AREA OF WORK: _____

GS LEVEL\NEC\RANK: _____ JOB TITLE: _____

SSN: _____ DSN: _____

E-mail: _____ FAX: _____

COMMAND: _____ COMMERCIAL: _____

COMPLETE MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____ (must be all 9 digits)

MAJOR RESPONSIBILITIES OF THE JOB: _____

SPIROMETRY EXPERIENCE AND CAPABILITIES: WHEN: _____

WHERE: _____

OJT TRAINING: _____ NIOSH TRAINING: _____

OTHER: _____

TYPE OF SPIROMETER BEING USED CURRENTLY: _____

IF NO SPIROMETER IS AVAILABLE, WHEN WILL ONE BE AVAILABLE? _____

COMPUTER/MICROPROCESSOR USED: _____

HOW MANY STAFF MEMBERS AT YOUR CLINIC ARE TRAINED TO DO PULMONARY FUNCTION TESTING? # BY OJT _____ # NIOSH TRAINED _____ # OTHER _____

APPROXIMATELY HOW MANY SPIROGRAMS ARE CURRENTLY BEING DONE WEEKLY IN YOUR CLINIC? _____

WILL YOU BE RESPONSIBLE FOR PULMONARY FUNCTION TESTING UPON RETURNING TO YOUR JOB? _____

WHY ARE YOU INTERESTED IN TAKING THIS CLASS? _____

SUPERVISOR AUTHORIZING THIS TRAINING

_____ (signature)

_____ (printed name and title)

DATE AUTHORIZED: _____

PRIVACY ACT STATEMENT INSTRUCTIONS: The following statement is required by the Privacy Act of 1974 as amended (Public Law 93-579. Please sign below to acknowledge that you authorized use of the information you provide for the purpose only: (1) to prepare introductory cards; (2) to determine eligibility for continuing education credit by a professional review committee; and (3) to maintain a file of those involved in continuing education programs offered by the U.S. Navy.

SIGNATURE: _____ DATE: _____