

ATTACHMENT D

NIOSH Spirometry Training Program Annual Report

NIOSH Spirometry Training Program Annual Report

Please submit this form to STPReports@cdc.gov.

RE: NIOSH-APPROVED COURSE NO. _____

1. Conducting Courses Yes No

2. Initial Course

<u>Course Location (state/country)</u>	<u>Course Dates</u>	<u>No. Students Trained</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Refresher Course

<u>Course Location (state/country)</u>	<u>Course Dates</u>	<u>No. Students Trained</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are any of the listed faculty members no longer teaching in your course? Faculty (lecturers and practicum instructors) must be approved by NIOSH. Please send NIOSH a request for approval and a current CV for prospective faculty members.

<u>Faculty Member Name</u>	<u>No Longer Teaching</u>
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_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

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Georgia 30333; ATTN: PRA (0920-0138).
