**ATTACHMENT D**

**NIOSH Spirometry Training Program Annual Report**

**Form Approved**

 **OMB NO. 0920-0138**

**Expiration Date: xx/xx/20xx**

**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**

**Course Location (state/country) Course Dates No. Students Trained**

**3. Refresher Course**

**Course Location (state/country) Course Dates No. Students Trained**

**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.**

 Faculty Member Name No Longer Teaching

 [ ]

 [ ]

 [ ]

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