NMCPHC Sponsored NIOSH-Approved Spirometry Training Course Student Registration

Please complete <u>ALL</u> fields	
Last Name	First Name
Email Address	Phone Number
Job Title	Work Location
Federal Service Branch	Component Status
Have you ever taken a NIOSH-approved Spirometry Training Course before?	Yes No
If yes, date of last course (i.e. dd/mm/yyyy)	
Are you requesting to attend the "Initial" course (2 ½ days, Tues-Thurs)?	Yes No
Are you requesting to attend the "Refresher" course (1 day, Friday)?	Yes No
In order to take the refresher course, applicant must present copy of current Spirometry Course Certificate with this request. Spirometry Course Certificates are valid for 5 years. Requested Course	
Course Date(s) Course Location	
Alternate date(s) / location if space not available	
Supervisor <u>OR</u> Occupational Health Clinic Nurse Manager Approval	
Supervisor Name	Supervisor Title
Email Address	Phone Number
Supervisor Approval Signature	