

Practical Spirometry

February 9-10, 2017
Rochester, Minnesota

April 22-23, 2017
Phoenix, Arizona



This is a NIOSH-approved course

Presented by
Division of Pulmonary and Critical Care
Mayo Clinic, Rochester, Minnesota

2017 Practical Spirometry

February 9-10, 2017

Registration deadline: January 9, 2017

Course location: Mayo Clinic Rochester
Siebens Medical
Education Building
100 2nd Ave SW
Rochester, Minnesota 55902

April 22-23, 2017

Registration deadline: March 22, 2017

Course location: Mayo Clinic Hospital-Phoenix Campus
Rm 01 115
5777 E. Mayo Blvd.
Phoenix, Arizona 85054

Course Overview and Objectives

This course is approved by the National Institute for Occupational Safety and Health (NIOSH) and will provide instruction in spirometry technique, standards, calculations, pulmonary disease patterns, and documentation.

By the end of this course, participants should be able to:

- Perform calibration procedures
- Demonstrate proper spirometry testing technique
- Select best maneuvers
- Calculate result measurements from volume/time graphs
- Interpret numeric results from spirometry

Disclaimer

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

Intended Audience

This course is designed for health professionals involved in performing spirometry tests in both industrial and clinical settings.

Credit

This program was approved for 15.5 contact hours through the American Association of Occupational Health Nurses, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

New in 2013: This program has also been approved for 15.5 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care.

Other health care professionals will be provided a certificate of attendance for requesting credits in accordance with state nursing boards, specialty societies, or other professional associations.

Program Change: Effective January 1, 2009, NIOSH changed the time limits on all certificates to 5 years from the course date. Previously awarded certificates are no longer valid indefinitely.

Individuals who choose to have a valid NIOSH certificate must either take a NIOSH-approved Spirometry Refresher Course before the certificate is invalidated or retake the initial 2 day course.

Course Directors

Paul D. Scanlon, MD

Medical Director, Pulmonary Function Laboratories
Professor of Medicine
Mayo Clinic, Rochester, Minnesota

Carl Mottram, RRT, RPFT

Director, Pulmonary Function Laboratories
Associate Professor of Medicine
Mayo Clinic, Rochester, Minnesota

Course Coordinator/Instructor

Tera Hagen, CPFT

Quality Assurance Technologist
Mayo Clinic, Rochester, Minnesota

Course Faculty

The instructors are certified pulmonary function technologists, respiratory therapists, and physicians, each with more than 10 years of experience in pulmonary function testing at Mayo Clinic. Their extensive experience allows them to recognize the "body language" of suboptimal spirometry maneuvers and the resulting patterns on spirometry graphs. They emphasize demonstration of the correct maneuver and vigorous coaching throughout the course.



A Note from NIOSH

The Cotton Dust Standard (29 CFR 1910.43) promulgated by Occupational Safety and Health Administration (OSHA) in 1978 and amended December 13, 1985, states:

“Persons other than licensed physicians, who administer the pulmonary function testing required by this section shall have completed a NIOSH-approved training course in spirometry.”

When NIOSH approves a course, it is attesting that the course meets the minimum OSHA/NIOSH criteria for teaching individuals to perform spirometry in the Cotton Dust Industry. This does not mean that the individual taking the course is certified as a pulmonary function technician by NIOSH. Students have merely completed a NIOSH-approved course.

Registration

For additional details on this course, contact Teresa Krukow at 800-533-1653 or 507-284-8403. The registration fee for this course includes tuition, course manual, exam, certificate. Parking fees are not covered by the registration cost and is the responsibility of the participant. Class size is limited; therefore, early registration is encouraged.

Please complete the registration form below, mail or fax to:

Teresa Krukow
Mayo Clinic
200 First Street SW – Gonda 18 East
Rochester, MN 55905
Fax 507-266-2474

NOTE: Students should not make non-refundable flight reservations until after the course deadline and an email confirmation letter is received.

Cancellation

Your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by our office on or before January 9, 2017 for the Rochester course, and on or before March 22, 2017 for the Arizona course. No refunds will be made after these dates.

Accommodations

Minnesota course:

Visit www.mayoclinic.org/travel-rst for a list of hotels and other important information when traveling to Rochester.

Arizona course:

Visit www.mayoclinic.org/travel-sct/lodging.html for a list of hotels in the Mayo Clinic-Phoenix campus area. (Residence Inn Phoenix Desert View at Mayo Clinic is on campus. For other hotels, select hotels near Mayo Clinic Hospital)

REGISTRATION FORM:

Please indicate which conference you are registering to attend, and which course manual you would prefer.

- February 9-10, Rochester, MN** (Registration deadline is January 9, 2017)
- April 22-23, Phoenix, AZ** (Registration deadline is March 22, 2017)
- USB Flash Drive Workbook. * Must bring personal laptop computer both days of the course.**
- Printed 3 Ring Binder Workbook (additional fee of \$25)**

Please print. Duplicate form for multiple registrations.

Formal name (as you want it to appear on your class certificate)			Title (LPN, RN, PA, PhD, MD or other)		
Company/Institution			Phone (including area code)		
Address			Fax (including area code)		
City			State	Zip Code	
Years of experience in spirometry:		Indicate spirometer model and name you are currently using:			
How do you want your first and last name to appear on your nametag? _____			Do you have any special needs? If so, please explain: _____		

Registration fee is: \$525 w/USB Flash Drive \$550 with 3 Ring Binder <i>*If paying by check, please fax form and mail check along with registration form</i> <i>(\$150 or \$175 account transfer for Mayo employees)</i>	Payment Method		(MM/YY)	
	<input type="checkbox"/> Check—payable to Mayo Clinic	Credit Card No. _____	Exp. Date: _____	
<input type="checkbox"/> Visa*	*3 digit code on back _____ ** 4 digit code on front _____			
<input type="checkbox"/> Mastercard*	Name on card _____			
<input type="checkbox"/> Discover*	Billing address on card _____			
<input type="checkbox"/> American Express**	City, State, Zip code _____			
<input type="checkbox"/> Mayo Clinic employee	Company number _____ PAU _____			

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