

# Practical Spirometry

May 11-12, 2017  
Niagara Falls, New York



*This is a NIOSH-approved course*

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

# 2017 Practical Spirometry

**May 11-12, 2017**

Registration deadline: April 11, 2017

Course location: Hyatt Place Buffalo Amherst  
5020 Main Street  
Amherst, NY 14226

## 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 continuing nursing education activity 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 Previously awarded certificates are no longer valid indefinitely.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

**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.

**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**.

### 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, and certificate.

**Class size is limited, early registration is encouraged.**

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

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

**NOTE:** Students should not make non-refundable flight reservations until 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 April 11, 2017.

### Accommodations:

Hyatt Place Buffalo Amherst  
5020 Main Street  
Amherst, NY 14226  
Phone: +1 716-839-4040

## REGISTRATION FORM:

**Please indicate below which course manual you prefer.**

**May 11-12, 2017 Niagara Falls, NY** (Registration deadline is April 11, 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 special needs? If so, please explain:	
Registration fee is <b>\$525</b> with USB Flash Drive <b>\$550</b> with 3 Ring Binder  If paying by check, please fax this form <u>and</u> mail check along with the registration form.		<b>Payment Method</b> <input type="checkbox"/> Check—payable to Mayo Clinic <input type="checkbox"/> Visa* <input type="checkbox"/> Mastercard* <input type="checkbox"/> Discover* <input type="checkbox"/> American Express** Credit Card No. _____ Exp. Date: _____ *3 digit code on back _____ **4 digit code on front _____ Name on card _____ Billing address on card _____ City, State, Zip code _____	

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