



Practical Spirometry

October 4-5, 2013
Jacksonville, Florida

November 7-8, 2013
Rochester, Minnesota



This is a NIOSH-approved course

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

2013 Practical Spirometry

October 4- 5, 2013

Registration deadline: September 4, 2013

Course location: Mayo Clinic Jacksonville
Kinne Auditorium/Cannaday Building
4500 San Pablo Road
Jacksonville, Florida 32224

November 7- 8, 2013

Registration deadline: October 7, 2013

Course location: Mayo Clinic Rochester
Siebens Medical
Education Building
200 First Street SW
Rochester, Minnesota 55905

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.

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 Previously awarded certificates are no longer valid indefinitely.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 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

Kay A. Erickson, 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 20 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 is \$485 and includes tuition, course manual, calculator, ruler, exam, and certificate. Continental breakfast, lunch, and break refreshments will also be provided each day.

Parking is not covered by the registration fee and is the responsibility of the participant. Class size is limited to 30 to provide individual attention to all participants; therefore, early registration is encouraged.

Please complete the registration form below and 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 September 4, 2013 for the Florida course, and on or before October 7, 2013 for the Rochester course. No refunds will be made after these dates.

Accommodations

Florida course:

Visit www.mayoclinic.org/becomingpat-jax/lodging.html for a list of hotels in the Jacksonville area.

Minnesota course:

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

REGISTRATION FORM Please indicate which conference you are registering to attend:

- ☐ **October 4-5, Jacksonville, FL** (Registration deadline is September 4, 2013)
☐ **November 7-8, Rochester, MN** (Registration deadline is October 7, 2013)

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	Are you interested in bringing and using your own equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate spirometer model and name you are currently using (or plan to use):		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 \$485 If paying by check, please fax form <u>and</u> mail check along with registration form (\$150 account transfer for Mayo employees)	Payment Method	(MM/YY)	
	<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** <input type="checkbox"/> Mayo Clinic employee	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 _____ Company number _____ PAU _____	

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