

Instructions: Submit this form along with completed PM and PC forms to the Certification Coordinator at the SHHS Coordinating Center.

A. Field Site information

. Field Site (check one):				
Framingham				
Johns Hopkins				
Minnesota				
NYU/Cornell				
Sacramento				
Pittsburgh				
Strong Heart - Dakota				
Strong Heart - Phoenix				
Strong Heart - Oklahoma				
Tucson				
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. Name of technician requesting certification (please print):				
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3. Certification # (PIN) of technician requesting certification (record "n" if not previously certified for a SHHS Follow-Up 2 function):				

4.	Name of certification examiner (please print):
5.	Certification # (PIN) of certification examiner:
6.	Date form completed:
Ce	ertification requirements
	The following certification requirements were completed satisfactorily for height, weight, and neck circumference measurements. Indicate by checking the appropriate box.
7.	Training requirements:
	 ☐ Read and study manual ☐ Attend group training or observe administration by SHHS certified examiner ☐ Practice on volunteers ☐ Discuss problems and questions with local expert

8. Measurement taken per protocol on two volunteers and recorded on PM forms:

9. Weight measurement:			
	☐ Conducted per protocol ☐ Scale positioned at zero ☐ Participant not wearing shoes ☐ Participant's weight equally distributed on both feet ☐ Participant not being physically supported ☐ Examiner's eyes level with the point of measurement		
10. Height measurement:			
	 □ Conducted per protocol □ Procudures explained to participant □ Participant not wearing shoes □ Record the highest measurement 		
11. Neck circumference:			
	☐ Conducted per protocol ☐ Participant sitting upright with head in Frankfort Horizontal Plane ☐ Tape is applied around neck just below laryngeal prominence ☐ Measurement is made perpendicular to long axis of neck ☐ Tape is not too loose or too tight, but enought to maintain skin contact ☐ Measurement is completed in less than 5 seconds ☐ Measurement is recorded to the nearest 0.5 centimeter, rounding up		
. Administrative information			
12. Date of Co	ordinating Center review:		
13. Coordinati	ing Center reviewer (please print):		

14. V	4. Was certification approved:				
	Yes No				
	If "No", specify action(s) taken:				
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