

Instructions: Submit this form along with completed PM, PC, and EC forms and printouts from 5 ECGs to the Certification Coordinator at the SHHS Coordinating Center.

A. Field Site information

1. Field Site (check one):		
Framingham		
Johns Hopkins		
Minnesota		
NYU/Cornell		
Sacramento		
Pittsburgh		
Strong Heart - Dakota		
Strong Heart - Phoenix		
Strong Heart - Oklahoma		
Tucson		
2. 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:	
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6. Date form completed:	
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B. Certification requirements

The following certification requirements were completed satisfactorily for electrocardiogram. Indicate by checking the appropriate box.

7. Training red	quirements:
	 □ Read and study manual □ Attend group training or observe administration by SHHS certified examiner □ Practice on volunteers □ Discuss problems and questions with local expert

☐ ECGs conducted on 5 volunteers under observation of SHHS certified staff member and recorded on PM form
☐ Twelve lead resting ECGs conducted
☐ ECG taken with participant in supine or semi-recumbent position
☐ Explanation given as to why the ECG is being conducted
☐ Participant asked to avoid movement
☐ Checks that participant is comfortable and relaxed
☐ Limb lead electrode is placed on the right leg, then the left leg, then right arm followed by the left arm
☐ Proper lead placement identified and marked before lead attached
☐ Chest electrodes positioned properly
Chest electrodes positioned properly nistrative information te of Coordinating Center review:
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11.	11. Was certification approved:					
	Yes No					
	If "No", specify action(s) taken:					