



Instruction: After completion, send this form along with the appropriate practice materials and forms to the Certification Coordinator at the SHHS Coordinating Center.

A. Identifying information

1. Field site (check only one):
1 Framingham
2 Johns Hopkins
3 Minnesota
4 NYU/Cornell
5 Sacramento/Pittsburgh
6 Strong Heart
7 Tucson

2. Name of person requesting certification (Please print):

3. Certification ID# (Print "n" if person has not yet been issued a PIN for SHHS Followup 2):

4. Function for which certification is being requested (check all that apply)
a. Data system operator:
b. Field site coordinator:
c. PSG technician:
d. BP technician:
e. ECG technician:
f. Anthropometry technician:
g. Consenter:
h. AAI technician:
i. Other (specify):

B. Training in SHHS protocol and procedures

5. Type of training (check all that apply)
a. Attended Nov 2000 training meeting:
b. Trained by a certified SHHS staff member (specify name):

**6. All personnel**

*I have read the following SHHS documents*

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| a. Protocol:   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. Consent Statements:   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| c. Manual of Operations<br>(section describing the<br>procedures for which I have<br>requested certification): | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| d. Forms (those applicable to the<br>procedures for which I have<br>requested certification):                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

**C. Personnel assurance**

*Complete by the individual named in item 2.*

**7. Personnel assurance**

*I have read the Sleep Heart Health Study Protocol and I understand and agree to abide by the design tenets of the trial.*

*I understand that the information provided by study participants is not to be used in any way that will compromise their rights to confidentiality or privacy and that failure to respect these rights may result in my dismissal from SHHS.*

*I understand the need for high standards of integrity in the data collection and recording process. Further, I understand that any shortcomings in this regard on my part can have an impact on the credibility of SHHS and may result in my dismissal from the study.*

*I understand that this is a collaborative study and that any presentations or publications made before that data are placed in the public domain are subject to the review and approval of the SHHS Publication and Presentations Subcommittee and/or Steering Committee.*

\_\_\_\_\_  
Signature of individual named in item 2.

**D. Assurance of review**

**8. Date form reviewed by the field site director:**

\_\_ \_\_ - \_\_ \_\_ - 2 0 0 \_\_  
month      day      year

**9. Field site director name (please print):**

\_\_\_\_\_

**10. Field site director signature:**

\_\_\_\_\_

**E. Coordinating Center use**

**11. Date form reviewed:**

\_\_ \_\_ - \_\_ \_\_ - 2 0 0 \_\_  
month      day      year

**12. Person reviewing this form (please print):**

\_\_\_\_\_

**13. Action taken on initial review:**

\_\_\_\_\_

\_\_\_\_\_

**14. Subsequent action taken:**

\_\_\_\_\_

\_\_\_\_\_

**15. Certification (check only one):**

1 Approved

2 Disapproved

**16. Date of final action:**

\_\_ \_\_ - \_\_ \_\_ - 2 0 0 \_\_  
month      day      year

**17. Person recording final review (please print):**

\_\_\_\_\_