



Instructions: This form should be completed when personnel certified for SHHS functions are no longer employed by the study or when current employees cease performance of certified functions. Please fax or mail to the Coordinating Center within 14 days of status change.

A. Identifying 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 and certification # (PIN) (please print):

3. Employment status (circle one):

- No longer employed by SHHS
- SHHS employee

4. Remove person named in item 2 from the following function(s) (*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*):
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5. Are there at least 2 SHHS personnel certified for each of the functions checked in item 4 (*after removing person listed in item 2*)?

- Yes No

If No, please certify additional personnel. At least 2 people should be certified for each function (consult MOP, Vol 4, Certification and Training).

6. Certification # (PIN) of person completing this form:

7. Date form completed:

__ __ - __ __ - 2 0 0 __
month day year

B. CC use

8. Date form reviewed:

__ __ - __ __ - 2 0 0 __
month day year

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

10. If No checked in item 5, date certification reminder sent to site:

__ __ - __ __ - 2 0 0 __
month day year