NIOSH
Schedule of courses
1984-85

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Institute for Occupational Safety and Health
Division of Training and Manpower Development
Some courses listed are presented by NIOSH in cooperation with professional organizations or other institutions. These courses are designated in this schedule by a letter code in column six. It is important that applications be sent to the cooperating organizations or institutions at the following addresses. NIOSH can accept applications for only those courses presented solely by NIOSH. All others sent to NIOSH must be returned and may result in a delay of the processing of your application.

Federal employees should submit appropriate forms to their agencies in addition to the application to the group offering the training, i.e., CES, NIOSH, R&R, Temple U.

**APPLICATION CODES**

A – CES  
P.O. Box 75120  
Cincinnati, Ohio 45275  
(606) 341-8874  
Attention: Charles M. Nenadic

B – National Institute for Occupational Safety and Health  
Division of Training and Manpower Development  
4676 Columbia Parkway  
Cincinnati, Ohio 45226  
(513) 684-8225  
Attention: Donna Welage, Training Registrar

C – R&R Associates  
P.O. Box 46181  
Cincinnati, Ohio 45246  
(513) 771-2490  
Attention: Thomas Ratliff

D – Temple University  
School of Pharmacy  
3307 North Broad Street  
Philadelphia, Pennsylvania 19140  
(215) 221-4915  
Attention: Dr. Samuel Elkin
## Chronological Schedule

<table>
<thead>
<tr>
<th>Dates</th>
<th>Course Number</th>
<th>CEU’s</th>
<th>Course Title and Location</th>
<th>Tuition</th>
<th>Code</th>
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<tbody>
<tr>
<td>December 17–21</td>
<td>582</td>
<td>3.1</td>
<td><strong>Sampling and Evaluating Airborne Asbestos Dust</strong></td>
<td>$420</td>
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<td>January 7–11</td>
<td>593</td>
<td>3.1</td>
<td>— Philadelphia, Pennsylvania NIOSH/TU</td>
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<tr>
<td>February 5–7</td>
<td>597</td>
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<td><strong>How to Write a Laboratory Quality Control Manual</strong></td>
<td>$300</td>
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<td>March 5–7</td>
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<td><strong>Industrial Hygiene Sampling, Decision Making, Monitoring, and Recordkeeping: Sampling Strategies</strong></td>
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<td><strong>Evaluation and Treatment of Outlier Data</strong></td>
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<td><strong>Industrial Hygiene Engineering</strong></td>
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</table>

*The C.E.U.’s listed are for a representative edition of the specified course. The C.E.U.’s awarded depend upon the individual course presentations. For descriptions of the courses listed, refer to the NIOSH Catalog of Courses. See page 7 of the Catalog for information on Continuing Education Credit (C.E.U.’s).*
<table>
<thead>
<tr>
<th>Dates</th>
<th>Course Number</th>
<th>CEU's*</th>
<th>Course Title and Location</th>
<th>Tuition</th>
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<td>INDUSTRIAL HYGIENE SAMPLING, DECISION MAKING, MONITORING AND RECORDKEEPING: SAMPLING STRATEGIES</td>
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<td>INDUSTRIAL HYGIENE MEASUREMENTS</td>
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topical schedule

Course Number  Course Title  Dates – 1985

industrial hygiene

510  RECOGNITION OF OCCUPATIONAL HEALTH HAZARDS  May 6–10
550  INDUSTRIAL HYGIENE MEASUREMENTS  September 9–19
551  INDUSTRIAL HYGIENE ENGINEERING  April 15–26
553  INDUSTRIAL HYGIENE SAMPLING, DECISION MAKING, MONITORING AND RECORDKEEPING: SAMPLING STRATEGIES  April 29–May 3 ■ September 9–13
554  INDUSTRIAL HYGIENE SAMPLING, DECISION MAKING, MONITORING AND RECORDKEEPING: SAMPLING METHODS  March 5–7
556  EVALUATION AND TREATMENT OF OUTLIER DATA  April 2–4
582  SAMPLING AND EVALUATING AIRBORNE ASBESTOS DUST  December 17–21, 1984
  ■ July 8–12 ■ July 15–19
587  INDUSTRIAL HYGIENE LABORATORY QUALITY CONTROL  August 26–30
588  INDUSTRIAL VENTILATION  August 19–23
597  HOW TO WRITE A LABORATORY QUALITY CONTROL MANUAL  February 5–7

occupational safety

583  NONIONIZING RADIATION  March 25–29
584  IONIZING RADIATION  August 5–9
593  OCCUPATIONAL RESPIRATORY PROTECTION  January 7–11 ■ July 22–25
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
EDUCATIONAL RESOURCE CENTERS

Additional short-term training will be offered by the NIOSH Educational Resource Centers. These Centers are:

ALABAMA EDUCATIONAL RESOURCE CENTER
University of Alabama in Birmingham
School of Public Health
Medical Center, University Station
Birmingham, AL 35294
(205) 934-7032
Vernon E. Rose, D.P.H., Director

ARIZONA EDUCATIONAL RESOURCE CENTER
University of Arizona
Arizona Health Sciences Center
1145 North Warren — ACOSH
Tucson, AZ 85724
(602) 626-6835
Clifton Crutchfield, Ph.D., Acting Director

CALIFORNIA EDUCATIONAL RESOURCE CENTER
—NORTHERN
University of California, Berkeley
206 Earl Warren Hall
Berkeley, CA 94720
(415) 642-0761
Robert C. Spear, Ph.D., Director

CALIFORNIA EDUCATIONAL RESOURCE CENTER
—SOUTHERN
University of California, Irvine
Department of Community and Environmental Medicine
Irvine, CA 91717
(714) 752-2335
James Pierce, Sc.D., Director

CINCINNATI EDUCATIONAL RESOURCE CENTER
University of Cincinnati
Institute of Environmental Health
3223 Eden Avenue
Cincinnati, OH 45267
(513) 872-5701
Raymond S. Suskind, M.D., Director

HARVARD EDUCATIONAL RESOURCE CENTER
Department of Environmental Health Sciences
Harvard School of Public Health
665 Huntington Avenue
Boston, MA 02115
(617) 732-1240
Richard R. Monson, M.D., Director

ILLINOIS EDUCATIONAL RESOURCE CENTER
University of Illinois
School of Public Health
P.O. Box 6998
Chicago, IL 60680
(312) 996-7887
Bertram W. Carnow, M.D., Director

JOHNS HOPKINS EDUCATIONAL RESOURCE CENTER
Johns Hopkins University
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, MD 21205
(301) 955-3602
Morton Corn, M.D., Director

MICHIGAN EDUCATIONAL RESOURCE CENTER
University of Michigan
Department of Industrial and Operations Engineering
2260 S.G. Brown Laboratory
Ann Arbor, MI 48109
(313) 763-2245
(FTS 8-963-2245)
Don B. Chaffin, Ph.D., Director

MINNESOTA EDUCATIONAL RESOURCE CENTER
University of Minnesota
School of Public Health
1162 Mayo Memorial
420 Delaware Street, S.E.
Minneapolis, MN 55455
(612) 221-8770
Robert O. Mulhausen, M.D., Director

NEW YORK/NEW JERSEY EDUCATIONAL RESOURCE CENTER
Mt. Sinai School of Medicine
1 Gustave Levy Place
New York, NY 10029
(212) 650-6173
Irving J. Selikoff, M.D., Director

NORTH CAROLINA EDUCATIONAL RESOURCE CENTER
109 Conner Drive
Professional Village
346 A, Suite 1101
Chapel Hill, NC 27514
(919) 962-2101
David S. Fraser, Sc.D., Director

TEXAS EDUCATIONAL RESOURCE CENTER
The University of Texas Health Science Center at Houston
School of Public Health
P.O. Box 20186
Houston, TX 77025
(713) 792-7450
Edward Fairchild, Ph.D., Director

UTAH EDUCATIONAL RESOURCE CENTER
Rocky Mountain Center for Occupational and Environmental Health
University of Utah Medical Center
DFCM Room BC 106
Salt Lake City, UT 84132
(801) 581-8719
Jeffrey S. Lee, Ph.D., Director

WASHINGTON EDUCATIONAL RESOURCE CENTER
University of Washington
Department of Environmental Health SC-34
Seattle, WA 98195
(206) 543-1069
John T. Wilson, Jr., M.D., Director
# APPLICATION FOR TRAINING

## 1. NAME AND ADDRESS OF APPLICANT (Please Type or Print):

<table>
<thead>
<tr>
<th>Dr.</th>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Miss</th>
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<td>(Last)</td>
<td>(First)</td>
<td>(Middle Initial)</td>
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Home (or office) Address

City/State

Zip Code or County

## 2. COURSE DESIRED: No. Date

Title

Location

## 3. PREVIOUS RELATED COURSES (List Most Recent First):

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Institution</th>
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Length of Time in Position

## 5. PROFESSIONAL STATUS:

Occupation

Position Title

Brief Description of Present (or Expected) Position

## 6. EDUCATION □ High School

<table>
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<tr>
<th>Name of College(s)</th>
<th>No. Yrs. Completed</th>
<th>Date (Yr.) Completed</th>
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</tbody>
</table>

Other Training (Including Certification)

(Signature of Applicant)  
(Date)

(Name & Title of Approving Supervisor)  
(Date)

**PRIVACY ACT INFORMATION**—The information requested on this form is collected under the authority of 5 U.S.C. 1302. The requested information is used only to process and evaluate your application for training, and may be disclosed (for verification purposes) to your employer, educational institution, etc., as necessary. Furnishing the information requested on this form is voluntary.

- Tuition enclosed
- Tuition will be received by your office at least four weeks prior to the opening date of the course to hold my reservation. Make checks payable to sponsoring organization specified by the application code and mail to corresponding address.
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

APPLICATION FOR TRAINING

1. NAME AND ADDRESS OF APPLICANT (Please Type or Print):
   Dr. Mr., Mrs.
   Ms. or Miss
   (Last) (First) (Middle Initial)
   Home or office Address

   City/State Zip Code
   or County

2. COURSE DESIRED: No. Date
   Title
   Location

3. PREVIOUS RELATED COURSES (List Most Recent First):
   Date Title Institution

4. EMPLOYER: □ Federal □ State □ Local Government □ Other
   Organization
   Division/Unit
   Local Address
   City/State or County

   ZIP Code Applicant's Office Phone
   (Area Code & No.)

5. PROFESSIONAL STATUS:
   Occupation
   Position Title
   Brief Description of Present (or Expected) Position

   Length of Time in Position , & in Profession

6. EDUCATION □ High School
   Name of College(s) No. Yrs. Completed Date (Yr.) Completed Degree
   Other Training (Including Certification)

   (Signature of Applicant) (Date)
   (Name & Title of Approving Supervisor) (Date)

PRIVACY ACT INFORMATION—The information requested on this form is collected under the authority of 5 U.S.C. 1302. The requested information is used only to process and evaluate your application for training, and may be disclosed (for verification purposes) to your employer, educational institution, etc., as necessary. Furnishing the information requested on this form is voluntary.