

# **Application for Review & Listing of a NIOSH 582 Equivalency Course**

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AIHARegistry Programs®
3120 Fairview Park Dr, Ste 360
Falls Church, VA 22042 USA
registries@aiha.org

www.aiharegistries.org

+1 703 846 0755 +1 703 207 8558



## Application for Review & Listing of a NIOSH 582 Equivalency Course

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The AIHA Registry Programs do not have authority over the requirements of a NIOSH 582 course or its equivalent. We are not authorized by NIOSH to approve courses nor is our review sponsored or recognized by NIOSH. We provide a review of NIOSH 582 Equivalent courses as a service to the fiber-counting analysts who participate in our programs. Our goal is to help analysts locate courses that will provide them with an education in the Sampling and Evaluating Airborne Asbestos Dust that is equivalent to the original NIOSH 582 course. Your course will not be recognized as a NIOSH approved provider as a result of the AIHA Registry Programs review.

Listing by the AIHA Registry Programs does not give the provider any specific rights to provide their course. Listing by the AIHA Registry Programs is not an endorsement of a specific course, however listing indicates that the course outline, training materials and reference documents, equipment, instructor qualifications, certificate and final examinations, provided to the AIHA Registry Programs, meets the requirements detailed in this document and is considered by the AIHA Registry Programs to be equivalent to the NIOSH 582 course. These requirements have been determined by the AIHA Registry Programs and are not endorsed by NIOSH.

Analysts, organizations or laboratories seeking AIHA Laboratory Accreditation Programs, LLC accreditation or registration in the AIHA Registry Programs' AAR are not required to attend a course that has been reviewed and listed by the AIHA Registry Programs.





#### GENERAL APPLICATION INSTRUCTIONS

#### A. READ ALL INSTRUCTIONS CAREFULLY.

- 1. A complete and concise application will speed the approval process.
- 2. An incomplete application may be returned to you.
- 3. An application received without the appropriate fees will not be processed.

#### **B. COMPLETE ALL FORMS.**

- 1. Legible hand printing is acceptable.
- 2. It is acceptable to substitute any of these forms with self-generated forms of a substantially similar format, provided that all requested information is submitted.

#### C. PREPARE ALL REQUESTED ATTACHMENTS.

- 1. Additional attachments are required, as specified in question 7 of Form 2.
- 2. Since we are unfamiliar with your records and documentation practices, please be sure that the attachments are complete and clearly labeled with the indicated attachment number.

#### D. COMPLETE APPLICATION (all forms and attachments) SHOULD BE SUBMITTED ELECTRONICALLY.

1. Application materials should be submitted to the AIHA Registry Programs electronically via upload to our <u>File Transfer web page</u> or <u>email</u>. All attachments must be clearly labeled. Electronic submissions that do not in some way clearly label each attachment separately will be returned. Some methods of accomplishing this task may be a bookmarked PDF document, a hierarchical folder system, etc. We will not attempt to interpret the documents submitted and will return the package if the system is not clear.

#### **E. APPLICATION FEES**

- 1. A fee of \$250.00 is required for the application to be processed. You will receive an invoice to pay once the application is received.
- 2. Payment can be made online with a credit card or in the mail by check.
- F. PLEASE DISCARD THE COVER AND INSTRUCTION PAGE OF THIS APPLICATION AND COMPILE THE COMPLETED FORMS AND ATTACHMENTS INTO A SINGLE APPLICATION PACKAGE.

The organization will be notified of acceptance or need for clarification once the application has been reviewed. The application review process is subject to the availability of the staff reviewers. Applications will be processed as quickly as possible on a first come, first served basis.

#### **RETURN THE COMPLETED APPLICATION PACKAGE TO:**

File Upload Email

AIHA Registry Programs 3120 Fairview Park Dr, Suite 360 Falls Church, VA 22042

APPLICATIONS MAY BE RETURNED AND/OR NOT PROCESSED IF THE REQUIRED ATTACHMENTS ARE NOT INCLUDED WITH THE APPLICATION PACKAGE





#### FORM 1 – NIOSH 582 EQUIVALENCY COURSE PROVIDER INFORMATION

Date	e:				
Ger	eral Demographic Information				
	anization Name:	Organization ID (if already assigned):			
Stre	eet Address:	<u> </u>			
Mai	ling Address (if different from street address):				
0	test before etter for the Oceans				
	ntact Information for the Course anization Contact (contact person for information re	prograting this application and course):			
J. S	anization contact (contact person for information re	garang ins approach and course).			
0	As A Para and Title				
Cor	tact Person's Title:				
Contact Person's Telephone Number:					
Cor	tact Person's Fax Number:				
Cor	itact Person's E-Mail Address:				
00.	nader croom of E mail Address.				
Cou	rse Listing Information				
	Is your course available to analysts who are not eavailable)?	employed by your organization (commercially			
	□ Yes	□ No			
2.	Should your course and its contact information to	be listed on the AIHA Registry Programs website?			
	□ Yes	□ No			
	(If question 2 is no, your course will be maintained on an intepersonnel or volunteers).	rnal listing only accessible by AIHA affiliate laboratory programs			



#### FORM 2 - NIOSH 582 EQUIVALENCY COURSE GENERAL INFORMATION

3.	Enter the contact hours of your course:				
	(Note: AAR policy 2.1.1 requires that an analyst must have "successfully completed a thirty (30) contact hour (minimum) course.")				
4.	How many times do you provide this course in a year?				
5.	How many individuals were trained at the last course provided?				
6.	How many individuals, on average, are trained during your course?				
7.	What is the maximum number of students that can be trained in a course session?				

8. Provide a copy of the following attachments clearly labeled with the indicated attachment number (ATTACH. #). Ensure that your attachments meet the requirements as detailed in the NIOSH 582 Equivalency Course Requirements for Listing document.

TOPIC	DOCUMENTATION REQUIRED	ATTACH.
Outline	Course outline for your course (i.e. course syllabus) including time allotted to each topic.	2.A
Training Materials	Training materials and reference documents used in your course.	2.B
NIOSH 7400	A copy of the title page of the current version of NIOSH 7400 method used or referenced in your course	2.C
	Written: The final examination used in your course including the answer key and final score required to successfully complete the course.	2.D1
Examination	Practical: A description of the exam for the hands-on analysis of samples. Including the number of samples analyzed the grading method, and the requirements for passing the exam. Also include a summarized listing of the bank of slides used for the course including the source (field, AAT, etc.), asbestos type, mean fiber density and acceptable range of results.	2.D2
Certificate	Example of the certificate awarded for successful completion of your course.	2.E
Additional Information	Any other information you believe will be useful to evaluate your course.	2.F



#### FORM 3 - NIOSH 582 EQUIVALENCY COURSE INSTRUCTOR(S) QUALIFICATIONS

Attach each instructor's resume or CV. Make additional copies of form as necessary.

Organization Name:	Organization ID:	

Instructor's Name	Qualifications: BS, BA, Other	Discipline: (e.g.,Chem., Biology, etc.)	Date of Last 582 Course Taken	Name of Course Provider	Years in Fiber Counting	Years Teaching the Course



### FORM 4 – MICROSCOPES AND EQUIPMENT For your NIOSH 582 Equivalency Corse

Make additional copies of form as necessary.

#### **INSTRUCTIONS:**

List the microscopes provided to the analysts in your training course. Fill out this form <u>completely</u>. Please list additional equipment used in the lower section as indicated. If you require students to provide their own equipment, please attach your policy on this or the information provided to the student to ensure that they have the appropriate equipment for your course.

EQUIPMENT	I	Ш	III	IV
Microscope				
Manufacturer				
Model / Type				
Serial Number				
Eyepiece Magnification				
Objective Magnification				
Filter Type				
Graticule Field Area in mm <sub>2</sub>				

ADDITIONAL EQUIPMENT	QUANTITY
Phase Shift Test Slide	
Stage Micrometer	
Telescoping Ocular Phase Ring	
Acetone Vaporizer	

I	n yo	our training,	do the	student's	s share eq	luipment?	<b>⊔</b> Yes	Vhen necessary	1