|  |  |
| --- | --- |
| **Name:** |  |
| **Qualifications/Credentials:** |  |

ACSM Education Guidelines **(a-h)** must be met and documented for at least one individual present during VO2max and submax testing. The risks involved in conducting some tests will necessitate the presence of a clinician. “Clinician” is defined as an individual possessing competency in all skills listed below **(a-m)**, **and** either current ACSM certification **or** current Oregon licensure as an MD, DO, PA, or NP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill Required to Supervise Exercise Tests** | **Method or Type****of Training[[1]](#endnote-1)** | **Method Used to****Document****Competency[[2]](#endnote-2)** | **Verified By** | **Date[[3]](#endnote-3)** |
| **STUDY TEAM MEMBER (NON-CLINICIAN)** |  |  |  |  |
| 1. Knowledge of appropriate indications for exercise testing
 |  |  |  |  |
| 1. Knowledge of alternative physiological cardiovascular tests
 |  |  |  |  |
| 1. Knowledge of appropriate contraindications, risks and risk assessment of testing
 |  |  |  |  |
| 1. Knowledge to promptly recognize and treat complications of exercise testing
 |  |  |  |  |
| 1. Knowledge of various exercise protocols and indications for each
 |  |  |  |  |
| 1. Knowledge of basic cardiovascular and exercise physiology, including hemodynamic response to exercise
 |  |  |  |  |
| 1. Knowledge of end points of exercise testing and indications to terminate exercise testing
 |  |  |  |  |
| 1. Competence in cardiopulmonary resuscitation and AED use and successful completion of an AHA-sponsored course and renewal on a regular basis

|  |  |
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| **Current BLS/AED Certification** | [ ]  Yes Exp. Date: \_\_\_\_\_\_\_\_\_\_  |

 |  |  |  |  |
| **CLINICIAN** [*must have competencies (a-g) AND (i-m)*] |  |  |  |  |
| 1. Competence in cardiopulmonary resuscitation and successful completion of an AHA-sponsored course in advanced cardiovascular life support and renewal on a regular basis

|  |  |
| --- | --- |
| **Current ACLS Certification** | [ ]  Yes Exp. Date: \_\_\_\_\_\_\_\_\_\_  |

 |  |  |  |  |
| 1. Knowledge of cardiac arrhythmias and the ability to recognize and treat serious arrhythmias
 |  |  |  |  |
| 1. Knowledge of cardiovascular drugs and how they can affect exercise performance, hemodynamics and the EKG
 |  |  |  |  |
| 1. Knowledge of the effects of age and disease on hemodynamic and EKG responses to exercise
 |  |  |  |  |
| 1. Knowledge of principles and details of exercise testing, including proper lead placement and skin preparation
 |  |  |  |  |

**Attestation of Competency:** The individual named above has successfully completed the training and demonstrated the competence necessary for performing and supervising VO2max and submax testing as outlined by the American College of Sports Medicine Guidelines (9th Ed., 2013).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator Name Signature Date**

1. Class, practical, or professional experience [↑](#endnote-ref-1)
2. Exam, direct observation, licensure, certification, or verification of relevant employment history [↑](#endnote-ref-2)
3. Must be within 3 years of evaluation [↑](#endnote-ref-3)