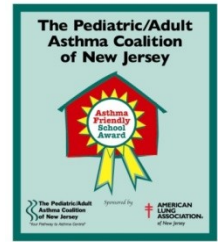


**Pediatric/Adult Asthma Coalition of New Jersey (PACNJ)
Asthma Friendly School Award Signature Form**



To complete this form:

- The school nurse's signature is required on items 1 - 4.
- The school superintendent's signature is required on items 5 and 6.
- The school principal's signature is required on the bottom of this page.

School _____ Address _____
 City _____ Zip _____ District _____
 Phone _____ Fax _____ Number of students _____ Number of faculty _____
 Nurse's name (print) _____ Nurse's e-mail _____

Award Requirement	Signature of Person Certifying Completion	Date Completed
1. Nebulizer in school (mandated by NJSA 18A:40-12.7)	(Nurse's Signature)	
2. <u>Online Training for School Nurse: Each school nurse is to complete the PACNJ Asthma Management in the School Setting online training (available January 2010) This fulfills the requirement mandated by state statute NJSA 18A:40-12.8</u>	(Nurse's Signature)	
3. <u>Training in service for Faculty: Each school nurse is to conduct the PACNJ Faculty In-Service Program: Asthma Management in the Classroom: What Teachers Need to Know Online PowerPoint training (available January 2010). This fulfills the requirement mandated by state statute NJSA 18A:40-12.9</u>	(Nurse's Signature)	
4. <u>Online Training for School Nurse: "PACNJ Asthma Action Plan: School Nurses Leading the Way" online training presentation and quiz have been completed by school nurse</u>	(Nurse's Signature)	
5. <u>Indoor Air Quality (IAQ) Training</u> <ul style="list-style-type: none"> • <u>NJ PEOSH Indoor Air Quality Designated Persons Training</u> has been completed by a School Nurse and the IAQ Designated Person from the school district or private school, or the <u>EPA Indoor Air Quality Tools for Schools Training</u> has been completed • An Indoor Air Quality Team has been established in <i>this</i> school <p><i>NJ PEOSH IAQ Designated Persons Training is not required in order to meet the NJ PEOSH standard. However, it is required to qualify for the PACNJ award</i></p>	(Superintendent's Signature)	
6. No-Idling Pledge, from the NJ Department of Environmental Protection, has been completed by the school <i>district</i>	(Superintendent's Signature)	

Principal's Name (Print) _____ Phone _____

Principal's Signature _____ E-Mail _____

Please FAX this form back to the PACNJ at 908-685-8030 For more information visit www.pacnj.org or info@pacnj.org

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