

Facility Name: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Circle One:                      Satisfactory Completion                      Further Review Needed

**Clinician's Goals**

Trainer Initials

- |  |  |
|--|--|
| 1. Describe the intended use and contraindications of the BiWaze Clear System                          |  |
| 2. Explain the mechanism of action for the OLE therapy delivered by BiWaze Clear                       |  |
| 3. Assemble the Dual Lumen Breathing Circuit, connect to AC power and switch on the control unit       |  |
| 4. Demonstrate how to fill and use the Aerogen® Solo nebulizer   |  |
| 5. Review the proper patient positioning and technique for each therapy interface                      |  |
| 6. Describe the Auto therapy mode and Manual therapy modes as well as the benefit of therapy profiles  |  |
| 7. Demonstrate how to program an Auto therapy for a typical treatment and how to save therapy profiles |  |
| 8. Demonstrate how to run an Auto therapy and describe the information being displayed on the screen   |  |
| 9. Demonstrate how to program a Manual therapy and describe the different phases                       |  |
| 10. Demonstrate how to run a Manual therapy to find therapy settings comfortable for a patient         |  |
| 11. Explain why you would lock the device for home users and demonstrate how to lock the control unit  |  |
| 12. Demonstrate how to clean the control unit and the Dual Lumen Breathing Circuit                     |  |
| 13. Describe which components stay with the control until and which are disposable                     |  |

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_