Los Angeles County Department of Public Health Tuberculosis (TB) Control Program

**TB Training Request**

Thank you for requesting staff from the TB program to conduct a presentation or participate an outreach/health fair event. Submitting a request must be done a minimum of **one month** in advance. You will receive an e-mail regarding your request within 5-7 business days of submission.

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| **Requestor Information**  |
| **1. Today’s Date:** |  |
| **2. Name:** |  |
| **3. Organization or Department:** |  |
| **4. Phone Number:** |  |
| **5. E-mail:** |  |
| **6. What type of event are you requesting staff to participate in?** | [ ]  Community Health Fair [ ]  Tuberculosis Presentation  |

| **Event Information**  |
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| **7. Event Date(s)** |  |
| **8. Event Times(s)** |  |
| **9. What is the location of the event?**  | Facility Name: Address: City: Zip Code: |
| **10. Presentations: What topics are you interested in?** **NOTE: Choose up to three.**  | [ ]  Epidemiology TB in LA County[ ]  Diagnostic Workup for TB[ ]  Treatment of TB Infection[ ]  TB Reporting Form[ ]  Direct Observed Therapy[ ]  TB Screening/Reporting Forms[ ]  TB & Co-Morbidities[ ]  TB Risk factors[ ]  Transmission & Pathogenesis[ ]  Treatment of TB Disease[ ]  Role of the LAC TB Control Program[ ]  Contact Investigation and Follow-up[ ]  Infection Control Strategies[ ]  MDR-TB[ ]  TB Provider Update |
| **11. Presentations: What type of training are you interested in?**  | [ ]  Conference *(knowledge)*[ ]  Didactic Lecture *(knowledge)*[ ]  Workshop *(competence & performance)*[ ]  Case Presentation *(knowledge & competence)*[ ]  Other, specify:[ ]  Is this a virtual training? |
| **12. Presentations: Will continuing education be offered?** | Choose an item.If yes, choose type: [ ]  CE [ ]  CME [ ]  CHES  |
| **13. How much time will we have to present? (e.g., 1 hr., 2hrs, etc.)**  |  |
| **13. How many people do you expect to attend your event?** |  |
| **14. Who will be attending your event?** **NOTE: Check all that apply.**  | [ ] Doctors[ ] Nurses [ ] Non-Licensed Health Professionals [ ] Faith Based Group[ ] Government Agency Representatives[ ] College-Aged Students[ ] K-12 School-Aged[ ] Students[ ] Parents[ ] Seniors[ ] Other, Specify:  |
| **15. Additional information for TB staff (e.g., parking, laptop, projector, etc.)**  |  |

Please submit your completed form to:

**The Los Angeles County Department of Public Health, Tuberculosis Control Program**

E-mail: kotello@ph.lacounty.gov