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** | |
| --- | --- |
| **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](mailto:kotello@ph.lacounty.gov)