

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

Thank you for requesting staff from the TB program to conduct a presentation or attend an outreach event. Submitting a request must be done a minimum of **two – three months** in advance. You will receive an e-mail regarding your request within 5-7 business days of submission.

Requestor Information	
1. Today's Date:	
2. Name:	
3. Organization or Department:	
4. Phone Number:	
5. E-mail:	
6. How did you learn about this request form?	<input type="checkbox"/> Department of Public Health website <input type="checkbox"/> Tuberculosis Control Program website <input type="checkbox"/> Other, <i>specify</i> :
7. What type of event are you requesting staff to participate in?	Community Health Fair Tuberculosis Presentation

Event Information	
8. <u>Presentations:</u> What theme/topic are you interested in? NOTE: Choose up to three.	Epidemiology Diagnostic Workup Treatment of TB Infection TB Forms 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

Event Information

<p>9. <u>Presentations:</u> What type of training are you interested in?</p>	<p>Conference (<i>knowledge</i>) Didactic Lecture (<i>knowledge</i>) Workshop (<i>competence & performance</i>) Case Presentation (<i>knowledge & competence</i>) Other, <i>specify</i>:</p>	
<p>10. <u>Presentations:</u> Will continuing education units be offered?</p>	<p>Yes No If yes, choose type: CE CME CHES</p>	
<p>11. <u>Presentations:</u> How much time will we have to present?</p>		
<p>12. Event Time(s)</p>		
<p>13. Event Date(s)</p>		
<p>14. How many people do you expect to attend your event?</p>		
<p>15. Who will attend your event? NOTE: Check all that apply.</p>	<p>Doctors Nurses Health Professionals Faith-Based Group Government Agency Representatives</p>	<p>Los Angeles County Employees College-Aged Students School- Aged Students Parents Seniors Other, <i>specify</i>:</p>
<p>16. What is the location of the event?</p>	<p>Address: City: Zip Code:</p>	
<p>17. Additional information for TB staff (e.g. parking, laptop, projector etc.)</p>		

Please submit your completed form to:
 The Los Angeles County Department of Public Health, Tuberculosis Control
 Program E-mail: arandle@ph.lacounty.gov and clapointe2@ph.lacounty.gov