

TO REQUEST A PRESENTATION AT YOUR FACILITY

To request a presentation for your staff from a physician, nurse, or health educator from the Tuberculosis Control Program, please download this form and complete all areas.

Then Email the form to: tbchealthed@ph.lacounty.gov.

REQUEST FOR TB EDUCATION

Name of requestor

Title

Organization name

Type of organization (community clinic, hospital, SNF, hospice, etc).

Address, City, Zip Code

Phone No.

Fax No.

Type of education requested: Lecture Workshop/Conference Health Fair Grand Rounds

Topic or title of presentation

Content requested:

Epidemiology	Transmission & Pathogenesis
Diagnostic Workup	Treatment of TB Disease
Treatment of LTBI	Role of the LAC TB Control Program
TB Forms	Contact Investigation and Follow-up
Dir. Observed Therapy	Infection Control Strategies
Mantoux/IGRA Guidelines	MDR-TB
TB & Co-Morbidities	TB Provider Update
TB Risk factors	Other: _____

Date(s) preferred

Time

Length of program

AV Equipment: Available on site To be furnished by TB Control Staff

Target group

Anticipated number of attendees

