

**HEARTLAND NATIONAL TUBERCULOSIS CENTER
ADULT MINI-FELLOWSHIP TRAINING PROGRAM**

The Heartland National Tuberculosis Center (HNTC) is offering Adult Clinical Mini-Fellowships targeted to clinicians (physicians, physician assistants, advanced practice nurses) who would benefit from participation in an intensive learning experience in the medical management of tuberculosis (TB) patients. Our goal is to share TB clinical expertise and knowledge with clinicians from a variety of settings. The HNTC will strive to meet the individual needs of those clinicians who attend through assessment of their current knowledge and previous experience and matching the attendee's identified learning objectives with appropriate learning activities. The curriculum is flexible and will support fellowship experiences of 1-5 days in duration, based upon the needs of the attendee. All adult HNTC mini-fellowships will be conducted at the Texas Center for Infectious Disease, a 72-bed facility for the inpatient treatment of TB patients, located in San Antonio, Texas. The fellowships will include the opportunity for one-on-one learning experiences with an expert TB physician, and participation in medical/multidisciplinary rounds and case conferences; opportunities will also be available in laboratory, infection control and outpatient settings. Benefits of participation in these mini-fellowships will include:

1. Experience in the evaluation and management of patients with advanced and complex pulmonary and extra-pulmonary TB, including multi-drug resistant and extreme drug resistant TB.
2. Experience in the evaluation and management of patients with HIV/AIDS and other major impairments of host defenses.
3. Experience with patients whose management is complicated by complex psychosocial, economic, and/or ethical issues.
4. Experience in interpreting radiographs of patients with TB and other pulmonary infectious diseases.
5. Experience interacting with local and state public health authorities in the control of TB.

If you are interested in participating in this unique opportunity, **please complete this application form and return it to HNTC via fax number (210) 531-4590.** Upon receipt of your completed application form and approval from your TB Controller, we will contact you regarding your acceptance into the program.

PROCEDURES:

1. Complete the application form, ensuring that you have described your experience in caring for TB patients, the specific goals and objectives you hope to achieve during this fellowship, and several possible dates when available to attend.
2. **Return the completed application form to HNTC via fax number (210) 531-4590.**
3. Your application will be shared with your TB Controller for prioritization. If selected by your TB Controller for attendance, HNTC will then contact you regarding your acceptance, discuss your specific learning needs and curriculum, and determine duration of the fellowship and dates of attendance.
4. Candidates are expected to cover their expenses.
5. If you have any questions, please contact your TB Controller or HNTC at 1-800-TEX-LUNG.

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APPLICATION

Name (Last, First, MI): _____

Credentials: _____

Professional License Number(s)/State(s) Issued: _____

Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

E-Mail: _____

Telephone(s): _____ Ext: _____

Fax: _____

The best method to contact me is:

- E-Mail Fax Telephone Mail

Please describe your experience in caring for persons with tuberculosis:

What specific goals and objectives do you hope to achieve during this training?

How will you use the information you gain?

What dates/weeks are you available to attend?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Length of training (minimum of 1 day – maximum of 5 days): _____

Please check the modules of interest to you. Your selections will be used in developing the curriculum for your mini-fellowship:

- | | |
|--|--|
| <input type="checkbox"/> Overview of TB | <input type="checkbox"/> Diagnosis and Treatment of LTBI |
| <input type="checkbox"/> Treatment of TB | <input type="checkbox"/> BCG Vaccine |
| <input type="checkbox"/> First-Line TB Medications | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Second-Line TB Medications | <input type="checkbox"/> Non-Tuberculous Mycobacterial Infections |
| <input type="checkbox"/> Unusual Radiographs in TB | <input type="checkbox"/> Other Pulmonary Infections Resembling TB (Nocardia, Actino, etc.) |
| <input type="checkbox"/> Extrapulmonary TB | <input type="checkbox"/> Survey of Endemic Mycoses (Histo, Cocci, Blasto, Crypto) |
| <input type="checkbox"/> Miliary TB | <input type="checkbox"/> Overview of HIV/AIDS |
| <input type="checkbox"/> Complex TB Cases | <input type="checkbox"/> HAART Update |
| <input type="checkbox"/> MDR-TB | <input type="checkbox"/> Review of Viral Hepatitis |
| <input type="checkbox"/> HIV/TB Co-Infection | <input type="checkbox"/> Laboratory Diagnosis of TB |
| <input type="checkbox"/> Immune Reconstitution Inflammatory Syndrome | <input type="checkbox"/> Outpatient Management of TB |
| <input type="checkbox"/> CDC, IDSA, ATS Guidelines | |
| <input type="checkbox"/> Court Ordered TB Management | |
| <input type="checkbox"/> Ethical Issues in TB Management | |

Please list any additional needs or interests (please be as specific as possible):

Applicant's Signature: _____ Date: _____