



Clinical TB Mini-Fellowship Application

Note: Please download this form prior to using the 'Submit' button.

Name (Last, First, MI): _____

Credentials: _____

Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

E-Mail: _____

Phone: _____ Ext: _____ Fax: _____

Best method of contact: E-Mail Fax Phone 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"/> | <input type="checkbox"/> First Line TB Medications | <input type="checkbox"/> | Laboratory Diagnosis of TB |
| <input type="checkbox"/> | <input type="checkbox"/> Second Line TB Medications | <input type="checkbox"/> | Outpatient Management of TB |
| <input type="checkbox"/> | Unusual Radiographs in TB | <input type="checkbox"/> | Infection Control |
| <input type="checkbox"/> | Extrapulmonary TB | <input type="checkbox"/> | Non-Tuberculous Mycobacterial Infections |
| <input type="checkbox"/> | Miliary TB | <input type="checkbox"/> | Other Pulmonary Infections Resembling TB
(Nocardia, Actino, etc.) |
| <input type="checkbox"/> | Complex TB Cases | <input type="checkbox"/> | Overview of HIV/AIDS |
| <input type="checkbox"/> | MDR-TB | <input type="checkbox"/> | HAART Update |
| <input type="checkbox"/> | HIV/TB Co-Infection | <input type="checkbox"/> | Review of Viral Hepatitis |
| <input type="checkbox"/> | Court Ordered TB Management | <input type="checkbox"/> | CDC, IDSA, ATS Guidelines |
| <input type="checkbox"/> | Ethical Issues in TB Management | | |
| <input type="checkbox"/> | Immune Reconstitution Inflammatory Syndrome | | |

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

Applicant's Signature: _____ **Date:** _____

Submit