

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

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