The primary target audience for this course is Public Health Department nurses responsible for TB Control Program activities. Experienced TB nurses who need a refresher course may attend if space is available.

The course content will broaden the participants’ knowledge base and develop skills needed to implement effective TB control and surveillance.

This is a free course; there is no registration fee to attend. The program includes lecture, discussion and case studies.

INSTRUCTORS

TB Medical Director: Jason Stout, MD

TB Medical Consultant: David Holland, MD

Duke Infectious Diseases Fellows: Neela Goswami, MD & Brianna Norton, DO

TB Nurse Consultants: Ellen Fortenberry, RN, BSN, Myra Allen, RN, BSN, Elizabeth Zeringue, RN, BSN, MPH & Julie Luffman, RN, BSN
### COURSE SCHEDULE

<table>
<thead>
<tr>
<th>Day One Sessions:</th>
<th>Day Two Sessions:</th>
<th>Day Three Sessions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration &amp; Pretest</td>
<td>Treatment of TB Disease</td>
<td>Contact Investigation</td>
</tr>
<tr>
<td>Transmission &amp; Pathogenesis</td>
<td>Monitoring of TB Disease</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Screening for LTBI &amp; TB Disease</td>
<td>Special Situations &amp; Case Studies</td>
<td>Program Evaluation</td>
</tr>
<tr>
<td>Treatment &amp; Monitoring of LTBI</td>
<td>Radiological Manifestations</td>
<td>Health Education</td>
</tr>
<tr>
<td>Evaluating A Suspect</td>
<td>TB Laws</td>
<td>Q &amp; A / Course Review</td>
</tr>
<tr>
<td>Laboratory Testing</td>
<td>Q &amp; A / Adjourn</td>
<td>Post Test</td>
</tr>
<tr>
<td>Q &amp; A / Adjourn</td>
<td><strong>The course begins each day at 9:00 AM and ends each day by 4:30 PM.</strong></td>
<td>Evaluations &amp; Final Q &amp; A</td>
</tr>
</tbody>
</table>

### COURSE CREDITS

Educational contact hours will be provided through Public Health Nursing and Professional Development (PHNPD) in the Department of Health and Human Services.

PHNPD is a provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

### Registration Form:

Name: ____________________________________________

Title: _____________________________________________

Length of employment in TB position: ______________________

Circle Preferred Site: Washington  Hickory

Agency Name: _________________________________________

Work Address: _________________________________________

Work Phone: __________________________________________

E-mail Address: _________________________________________

Please send list of local hotels

You will receive confirmation of your registration along with directions to your designated site and a list of area hotels, if requested. Please make sure your email address is included on the form as registration confirmations will be sent via email. If you have any questions, please contact Myra Allen at 252-946-4170.

### DEADLINES:

- **Washington Course** - February 28
- **Hickory Course** - April 26


Please submit registration form by the deadline via email, fax or mail to Myra Allen:

By Email - myra.g.allen@dhhs.nc.gov

By Fax - 252-946-4179

By Mail - 511 Alderson Road

Washington, NC 27889-3103