

Local Health Department CD/STD Staffing Worksheet

North Carolina Division of Public Health • Communicable Disease Branch • Technical Assistance & Training Program

County/District: _____ 24/7 Telephone Number for Agency: _____

Agency Re-Accreditation Date: _____

Part A: List name of staff members in key agency positions

Health Director: _____ Medical Director: _____

NCEDSS Administrator: _____ Clinician with oversight for STD Program: _____

Staff (at least 2) with HIV/CTR Training (Whetstone): _____

Staff with .0206 Infection Control Training*: _____

*If your agency has multiple sites, please list staff for each site.

Part B: List all staff in the health department who have a defined role for CD Investigation, STD Clinical Services, and CD/STD NCEDSS responsibilities

STAFF MEMBER INFORMATION	STAFF ROLE	STAFF USE OF NCEDSS	If Staff is CD RN:	Comments
Name: Telephone: E Mail:	<p>Check all that apply:</p> <input type="checkbox"/> Lead CD NURSE <input type="checkbox"/> Back-up CD NURSE <input type="checkbox"/> NCEDSS Data Entry <input type="checkbox"/> TB Nurse <input type="checkbox"/> STD ERRN <input type="checkbox"/> STD Clinic RN (non-ERRN) <input type="checkbox"/> Rabies Control Nurse <input type="checkbox"/> STD Clinic Physician or APP List Physician or APP Date of Hire: _____ <input type="checkbox"/> Other: _____	<p>Check all that apply:</p> <input type="checkbox"/> Statewide Hepatitis B Access <input type="checkbox"/> Statewide Syphilis Read-Only Access	<p>Date of Hire in CD Position: _____</p> <p>CD COURSE</p> <input type="checkbox"/> Completed? <input type="checkbox"/> Currently enrolled?	
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Please print extra of Page 2 if space is needed to list additional staff members