Mini-Fellowship Program Opportunity

The Southeastern National Training Center (SNTC) offers an individualized training experience with various TB experts tailored to meet the unique needs of the participant. Intensive, supervised TB clinical and field experience is available. Topics may include various aspects of TB prevention and control and are based on the participant’s previous experience, background and time available. Requests for clinical mini-fellowships are accommodated at SNTC training sites in Florida. Additional training sites may be selected to ensure that the experience best meets the needs of the participant.

To be considered for a mini-fellowship, please complete the application below. Upon receipt of your completed application form, the Director of Education and Training, in consultation with SNTC’s clinical advisors, will review the application and make a determination regarding acceptance into the fellowship opportunity. Following the decision, we will contact you regarding your acceptance into the program. There is NO FEE charged for this training although hotel accommodations and travel are the responsibility of the participant.

GOALS
The goal is to share TB expertise and knowledge with health care providers from a variety of settings. SNTC seeks to meet individual training needs by assessing areas of practice and communities served, and matching identified objectives with appropriate activities.

PROCEDURES
1. Complete the application and submit to SNTC for review.
2. Provide background information on career experience (i.e., resume, curriculum vitae, etc.).
3. The SNTC staff will work with the SNTC Fellow and the sponsoring agency to identify the optimal time and location for the fellowship.

ADMINISTRATIVE DETAILS
1. Upon acceptance as an SNTC Fellow, a letter of support from your institution/organization director is required, as well as other paperwork.
2. SNTC Fellows will be responsible for arranging and paying for their own travel arrangements.
3. Upon completion of the training, the SNTC Fellow will provide written feedback in the form of an online survey to the SNTC. The SNTC Fellow is encouraged to provide written feedback, in the form of a brief report outlining the pros and cons of the training received, to their sponsoring agency.
4. The SNTC will report demographic data to the CDC regarding the SNTC Fellow (description, length of training, location of training, etc.)
Application Form

PLEASE CHECK ONE  □ Dr.  □ Mr.  □ Mrs.  □ Ms.  DATE: ____________________________

FIRST NAME: ______________________________________  LAST NAME: ______________________________________

DEGREE(s) (USED AFTER LAST NAME):

TITLE: ______________________________________

DEPARTMENT: ______________________________________

ORGANIZATION: ______________________________________

ADDRESS: ______________________________________

CITY/STATE/ZIP: ______________________________________

COUNTRY: ______________________________________

TELEPHONE: ______________________  EXTENSION: ________  FAX: ______________________

CELL PHONE: ______________________  OTHER: ______________________

EMAIL ADDRESS: ______________________________________

1. Please briefly describe your work/role with TB (including how long you have had that role).

2. What specific goals do you hope to achieve from this training? (For instance, describe a specific clinical or programmatic training need that this fellowship may help you resolve, describe a problem that’s facing your current program and how you want this fellowship to address it, what knowledge and/or skills you hope to gain, etc.)

3. How will this mini-fellowship experience enhance your ability to work more effectively in the TB field?
4. What percentage of your time is devoted to these areas:
   - Clinical work (diagnosing and treating patients with TB infection and disease)?
     __________ %
   - TB Field Services
     __________ %
   - TB Program

5. Select the topics for an area of focus for the mini-fellowship
   
   [ ] Adverse Effects  [ ] Corrections  [ ] Latent TB Infection  [ ] Programmatic Issues (budget, staffing, protocols, training, and etc.)
   [ ] Behavioral Medicine  [ ] Diagnosis  [ ] Legal Issues  [ ] Radiology
   [ ] Case Management  [ ] Drug Resistance  [ ] Nutrition  [ ] Risk Management
   [ ] Co-Morbidities (HIV, hepatitis)  [ ] Infection Control  [ ] Pediatrics  [ ] TB Skin Testing
   [ ] Contact Investigation Overview  [ ] Laboratory  [ ] Pharmacology  [ ] Treatment
   [ ] Other Topics of Interest (please list)

6. Available dates for attendance: (indicate days of the week or select specific time frames)
   Choice 1: __________________________________________
   Choice 2: __________________________________________
   Choice 3: __________________________________________

7. Desired length of training: __________________________________________

If you have any questions about this application or the mini-fellowship experience, please contact Paula Hamsho-Diaz at SNTC.

   BY PHONE: 352-273-7682 OR TOLL FREE AT 888-265-7682
   BY EMAIL: Paula.Hamsho-Diaz@medicine.ufl.edu

Return the completed Mini-Fellowship Application documents to:

   Paula Hamsho-Diaz, MD, MA, Southeastern National Tuberculosis Center
   BY MAIL: SNTC, University of Florida, PO Box 103600, Gainesville FL 32610-3600
   OR BY EMAIL: Paula.Hamsho-Diaz@medicine.ufl.edu
   OR BY FAX: 352-273-9275