

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

<input type="checkbox"/> Adverse Effects	<input type="checkbox"/> Corrections	<input type="checkbox"/> Latent TB Infection	<input type="checkbox"/> Programmatic Issues (budget, staffing, protocols, training, and etc.)
<input type="checkbox"/> Behavioral Medicine	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Radiology
<input type="checkbox"/> Case Management	<input type="checkbox"/> Drug Resistance	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Co-Morbidities (HIV, hepatitis)	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> TB Skin Testing
<input type="checkbox"/> Contact Investigation Overview	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Treatment
<input type="checkbox"/> 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