

**Jointly Presented by:**

The University of South  
Florida College of Medicine

&

The Florida/Caribbean AIDS  
Education & Training  
Center (AETC)

**Faculty**

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Southeast Region STD/HIV Prevention Training Center  
Hillsborough County Health Department  
P.O. Box 5135  
Tampa, FL 33675-5135

**FIRST CLASS MAIL**



**Southeast Region  
STD/HIV Prevention  
Training Center**

**[www.septc.org](http://www.septc.org)**

**TAMPA  
FLORIDA**

**3 Day HIV Part  
Time Intensive  
October 13-15, 2010**

**HOSTED BY:**

**HILLSBOROUGH  
COUNTY HEALTH  
DEPARTMENT**

**1105 E. Kennedy Blvd  
Tampa, Florida**

## Course Descriptions

### STD Part Time Intensive

This three-day problem-oriented, clinical training course is designed for physicians, physician assistants, nurse practitioners and registered nurses who work in HIV clinics or in practices where significant time is spent managing patients who are HIV positive.

Content includes overview of HIV, HIV diagnosis and management, clinician-patient interaction, patient history and physical exam, case presentation, epidemiology, therapeutics and overview of disease intervention activities.

Format includes lectures, discussion, audiovisual presentations, clinical and case presentations. Students observe provision of care in a clinical setting and accompany Disease Intervention Specialists on field visits.

Seminars are for clinicians and all other professionals involved in STD/HIV disease management. This program provides an overview of current developments in HIV diagnosis and management.

## Objectives

This course will provide information that will enable the participants to: 1. Evaluate the epidemiology, clinical manifestations and treatments of several of the more common complications of HIV 2. Compare the complications and the connection between STD and HIV Infections; and 3. Examine the complications of HIV and pregnancy..

## Accreditation

This activity has been planned and implemented in accordance with the Essentials Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of South Florida College of Medicine and The Hillsborough County Health Department. The University of South Florida, College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of South Florida, College of Medicine designates this educational activity for a maximum of 24 AMA PRA Category 1 credits. Physician should only claim credit commensurate with the extent of their participation.

## Fees

**An \$85.00 REGISTRATION FEE PAYABLE TO USFHPCC IS REQUIRED AT THE TIME OF REGISTRATION.**

There is also a \$35 processing fee for anyone needing CME Credits. This fee is payable to: **USFHPCC** and is due at the time of the conference check-in on October 13, 2010.

**Nursing Contact Hours will be issued (FREE).**

**\*\* COURSE PRE-REGISTRATION IS STRONGLY ENCOURAGED \*\***

**To expedite your registration process, please complete the attached registration form along with registration payment by credit card and return to:**

**Hillsborough County Health  
Department  
1105 East Kennedy Blvd  
Tampa, Florida 33602**

**Calvin Doss MPA, Coordinator  
Telephone (813) 307-8013  
FAX (813) 272-7165**

**Twenty-four Continuing Medical  
Education Credits (CME) & Nursing  
Contact Hours will be awarded.**

**CDC National Network of STD/HIV Prevention Training Centers  
PARTICIPANT INFORMATION FORM**

Today's date \_\_\_\_\_  
Course title 3 Day HIV Part Time Intensive \_\_\_\_\_ Course date October 13-15, 2010 \_\_\_\_\_

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_  
Degree \_\_\_\_\_ Title/Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not US) \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ E-mail \_\_\_\_\_

To create your unique ID number, use the first two letters of your first name, the first two letters of your last name, the month of your birth, and the day of your birth. For example: John Smith, May 29 has the ID number JOSM0529	_ _ # # <small>(first 2 letters of your first name)</small>	_ _ # # <small>(first 2 letters of last name)</small>	_ _ M M <small>(Month of birth)</small>	_ _ D D <small>(Day of birth)</small>

1. Your gender:  Female  Male  Transgender
2. Your ethnicity (select one):  Hispanic or Latino  Not Hispanic or Latino
3. Your racial background (select one or more):  
 American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White
4. Your occupation classification (select one):  
 Clinical/laboratory..... Answer questions 5-6  
 Non-clinical..... Answer questions 7-8

<ol style="list-style-type: none"> <li>5. Your profession (select one):  <input type="checkbox"/> Advanced practice nurse <input type="checkbox"/> Registered nurse <input type="checkbox"/> LPN/LVN <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant  <input type="checkbox"/> Laboratorian <input type="checkbox"/> Other: _____</li> <li>6. Your primary functional role (select one):  <input type="checkbox"/> Clinician <input type="checkbox"/> Administrator <input type="checkbox"/> Supervisor <input type="checkbox"/> Program manager/coordinator <input type="checkbox"/> Case manager  <input type="checkbox"/> Prevention case manager <input type="checkbox"/> Counselor <input type="checkbox"/> Researcher <input type="checkbox"/> Resident/fellow <input type="checkbox"/> Laboratorian  <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Health educator <input type="checkbox"/> Trainer <input type="checkbox"/> Outreach  <input type="checkbox"/> Disease intervention/investigation <input type="checkbox"/> Not employed <input type="checkbox"/> Other: _____</li> </ol>	Clinical/Laboratory
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<ol style="list-style-type: none"> <li>7. Your profession (select one)  <input type="checkbox"/> Epidemiologist <input type="checkbox"/> Community health worker <input type="checkbox"/> Disease intervention specialist/investigator  <input type="checkbox"/> Health educator <input type="checkbox"/> Social worker <input type="checkbox"/> Behavioral scientist <input type="checkbox"/> Counselor <input type="checkbox"/> Administrator  <input type="checkbox"/> Mental health therapist <input type="checkbox"/> Other: _____</li> <li>8. Your primary functional role (select one):  <input type="checkbox"/> Administrator <input type="checkbox"/> Supervisor <input type="checkbox"/> Program manager/coordinator <input type="checkbox"/> Case manager  <input type="checkbox"/> Prevention case manager <input type="checkbox"/> Counselor <input type="checkbox"/> Researcher/epidemiologist <input type="checkbox"/> Resident/fellow  <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Health educator <input type="checkbox"/> Trainer <input type="checkbox"/> Outreach  <input type="checkbox"/> Disease intervention/investigation <input type="checkbox"/> Not employed <input type="checkbox"/> Other: _____</li> </ol>	Non Clinical
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9. Location of your principal employment setting: State or territory: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Your principal employment setting (select one):

- State/local health department  Solo/group private medical practice  HMO/managed care organization  
 Hospital or hospital-affiliated clinic  Community/non-profit health center/clinic  
 Community-based service organization (CBO)  Correctional facility  Tribal/Indian Health Service  
 School/university (academic department)  School/university (student health clinic)  Capacity-Building Assistance (CBA) provider  Military  Not employed  Other: \_\_\_\_\_

a. If your principal employment setting is a Community Based Organization (CBO), please specify how your agency is funded:

- Directly funded by CDC – program announcement 04064  Directly funded by CDC – program announcement 03003  Other CDC program announcement (please specify): \_\_\_\_\_  
 Health department  Other: \_\_\_\_\_

b. If your organization receives CDC funding to provide Capacity Building and Technical Assistance (CBA provider), please specify how your agency is funded:

- Directly funded by CDC - program announcement 05051  Directly funded by CDC - program announcement 04019  Other CDC program announcement (please specify): \_\_\_\_\_  
 Health department  Other: \_\_\_\_\_

11. Primary programmatic focus of your work: (select up to two):

- STD  HIV/AIDS  Women's reproductive health  General medicine or Family practice  
 Adolescent/student health  Mental health  Substance use/addiction  Emergency medicine  
 Corrections  Other \_\_\_\_\_

12. Special population(s) or target group(s) focused on by your work/program (select up to three):

- No target group/general  Adolescents  Gay/Lesbian/Bisexual/MSM  Transgender  Homeless  
 Incarcerated individuals/parolees  Pregnant women  Sex workers  African Americans  Asians  
 Native Hawaiian/other Pacific Islanders  American Indian/Alaska Native  Hispanic/Latinos  Recent immigrants/refugees  Substance users/IDU  Substance users/non-IDU  HIV+ individuals  
 Other special population: \_\_\_\_\_

13. How did you hear about this course?

- Flyer/brochure  Word of mouth/colleague  E-mail  Notice in newsletter/journal  
 Website/internet  Conference exhibit  Previous PTC course  Program requirement  
 Other: \_\_\_\_\_

14. Do you consent to being contacted for:

- Updates?  Yes  No  
Evaluation purposes?  Yes  No

Public Burden Statement: The information on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

Local Use Only:

EventID: \_\_\_\_\_