Print legibly or type

| Applicant's Information |  |
| :--- | :--- |
| Name | Employer |
| Present | Employer |
| Position | Address |
| Division | Email |
| Phone | Fax |


| Home Address | Personal Information |
| :--- | :--- | :--- |

If you need lodging, it is dependent upon distance from home address.

## Work Duties Related TB

Are you a registered nurse (e.g. RN, LPN)?
$\square$ Yes
$\square$ No

Briefly describe duties; include licensure type, length of time in position and \% of time spent in TB activities.

| Tb Today Course |  |  |  |
| :--- | :--- | :--- | :--- |
| Have you ever attended the TB Today! Course? | $\square$ Yes | $\square$ No |  |
| $\begin{array}{l}\text { If accepted: (check one) } \\ \begin{array}{l}\text { PLEASE NOTE: Lodging is not covered for all } \\ \text { participants. }\end{array} \\ \hline \begin{array}{l}\text { I understand that I will be assigned a } \\ \text { roommate(s) and would like to room with: }\end{array} \\ \hline \text { Prefer Room Type: (check one) }\end{array}$ | $\square$ l will need lodging |  |  |
|  | $\square$ I will NOT need lodging |  |  |$]$

## Signatures

## Signature of Applicant

## Signature of Supervisor

## Supervisor's Phone number

Priority ranking (if more than one applicant from same Division)

Return Application: Scan/Email to Clarissa Felima, TB Health Educator and Course Coordinator felimaCA@dhec.sc.gov or fax at (803) 898-0685. If you have questions, please contact Clarissa Felima by email or phone at (803) 898-0316.

