

## **Application for MIDLANDS Tuberculosis Today! Course**

Monday, October 14 – Tuesday, October 15, 2019

## **APPLICATION DEADLINE: WEDNESDAY, SEPTEMBER 25**

Print legibly or type

Independent of time in position and % of time spent in TB activities.	Applicant's Information			
Position   Email   Fax    Phone   Fax    Personal Information   Home   Phone    Home Address   Home   Phone    Fyou need lodging, it is dependent upon distance from home address.    Work Duties Related TB    Are you a registered nurse (e.g. RN, LPN)?   Yes   No    Briefly describe duties; include licensure type, length of time in position and % of time spent in TB activities.    Tb Today Course   Yes   No    If accepted: (check one)   I will need lodging    PLEASE NOTE: Lodging is not covered for all participants.    I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)   Smoking   Nonsmoking    Do you have any pet allergies?   Yes   No    I have the following special dietary or other	Name	Employer		
Personal Information  Home Address	Present	Employer		
Phone  Personal Information  Home Address  Home Phone  Fyou need lodging, it is dependent upon distance from home address.  Work Duties Related TB  Are you a registered nurse (e.g. RN, LPN)?	Position	Address		
Personal Information  Home Address	Division	Email		
Home Address   Home Phone    Fyou need lodging, it is dependent upon distance from home address.  Work Duties Related TB  Are you a registered nurse (e.g. RN, LPN)?   Yes   No    Briefly describe duties; include licensure type, length of time in position and % of time spent in TB activities.  Tb Today Course   Yes   No    If accepted: (check one)   I will need lodging    PLEASE NOTE: Lodging is not covered for all participants.  I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)   Smoking   Nonsmoking    Do you have any pet allergies?   Yes   No    I have the following special dietary or other	Phone	Fax		
Home Address   Home Phone    Fyou need lodging, it is dependent upon distance from home address.  Work Duties Related TB  Are you a registered nurse (e.g. RN, LPN)?   Yes   No    Briefly describe duties; include licensure type, length of time in position and % of time spent in TB activities.  Tb Today Course   Yes   No    If accepted: (check one)   I will need lodging    PLEASE NOTE: Lodging is not covered for all participants.  I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)   Smoking   Nonsmoking    Do you have any pet allergies?   Yes   No    I have the following special dietary or other				
Fyou need lodging, it is dependent upon distance from home address.  Work Duties Related TB  Are you a registered nurse (e.g. RN, LPN)?	Personal Information			
Work Duties Related TB  Are you a registered nurse (e.g. RN, LPN)?	Home Address			
Work Duties Related TB  Are you a registered nurse (e.g. RN, LPN)?				
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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?				
Tb Today Course	Are you a registered nurse (e.g. RN, LPN)?	☐ Yes	□ No	
Tb Today Course  Have you ever attended the TB Today! Course?	Briefly describe duties; include licensure type,			
Tb Today Course  Have you ever attended the TB Today! Course?	length of time in position and % of time spent in			
Have you ever attended the TB Today! Course?  If accepted: (check one)  PLEASE NOTE: Lodging is not covered for all participants.  I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)  Do you have any pet allergies?  I have the following special dietary or other	TB activities.			
Have you ever attended the TB Today! Course?  If accepted: (check one)  PLEASE NOTE: Lodging is not covered for all participants.  I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)  Do you have any pet allergies?  I have the following special dietary or other				
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PLEASE NOTE: Lodging is not covered for all participants.  I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)  Do you have any pet allergies?  I have the following special dietary or other	Have you ever attended the TB Today! Course?	☐ Yes	□No	
I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)  Do you have any pet allergies?  I have the following special dietary or other	If accepted: (check one)	5 5		
I understand that I will be assigned a roommate(s) and would like to room with:  Prefer Room Type: (check one)  Do you have any pet allergies?  I have the following special dietary or other		☐ I will <b>NOT</b> need lodging		
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Prefer Room Type: (check one) ☐ Smoking ☐ Nonsmoking  Do you have any pet allergies? ☐ Yes ☐ No  I have the following special dietary or other	_			
I have the following special dietary or other	Prefer Room Type: (check one)	☐ Smoking	■ Nonsmoking	
	Do you have any pet allergies?	□ Yes	□No	
assistance needs:	I have the following special dietary or other			
	assistance needs:			
Signatures				
Signature of Applicant	Signature of Applicant			
Signature of Supervisor	Signature of Supervisor			
Supervisor's Phone number	Supervisor's Phone number			
Priority ranking (if more than one applicant from	Priority ranking (if more than one applicant from			
same Division)	same Division)			

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