

## TB or Not TB: Case Management in Missouri 2024 REGISTRATION FORM

The Missouri Department of Health and Senior Services Tuberculosis (TB) Elimination Program invites you to register for the training "TB or Not TB: Case Management in Missouri". This course includes basic orientation of TB, an overview of Diagnostic Services, financial aid for local public health agencies (LPHAs), an overview of laboratory services, the role of epidemiologists, and hands on training for the management and patient care of Latent TB Infection (LTBI) and active TB disease. Please note this training is part one of a three part series of TB trainings and is a pre-requisite for the Drug Resistant training that will be offered at a later date.

## Please indicate below which session you would like to attend

| March 5   | 9am-5:00pm-  | Springfield Library C | Center, 4653 | S. Campbell Avenue | e, Springfield |  |
|---|--|-----------------------|--------------|--------------------|----------------|--|
| March 12  | 8am-4:30pm- Cape Girardeau County Public Health Center, 1121 Linden St, Cape Girardeau |                       |              |                    |                |  |
| ☐ March 19  | 8am-4:30pm- Platte County Health Dept 7925 NW 110th Street, Kansas City                |                       |              |                    |                |  |
| ☐ March 26  | 8am-4:30pm- Missouri State Public Health Laboratory, 101 Chestnut St, Jefferson City   |                       |              |                    |                |  |
| Sessions will begin at the listed times and adjourn at the times listed or before. Please see the agenda for topics covered in each session. Participants must attend this training to meet the pre-requisite requirement for the Drug Resistant Training. The above training dates are subject to change dependent on the current environment and ongoing activities in public health.  First Name: Last Name: |  |                       |              |                    |                |  |
| First Name:   |  |                       | La           | st Name:           |                |  |
| Organization: _   |  |                       |              |                    |                |  |
| Address:  |  |                       | _City:       |                    | Zip Code       |  |
| Job Title:  |  |                       |              |                    |                |  |
| Email:  |  |                       |              |                    |                |  |
| Phone (include  | area code):  |                       |              |                    |                |  |

Please email the completed registration form by **February 20, 2024** to <u>Ellen.Cantrell@health.mo.gov</u>. Confirmation of registration will be sent via email. If you do not receive a confirmation, please send an inquiry email to <u>Ellen.Cantrell@health.mo.gov</u>