

NEW JERSEY MEDICAL SCHOOL

Educational Material Order Form

	Product Name	Limit	Order
4	Basic Epidemiology for Tuberculosis Program Staff	5	
	Cultural Competency and Tuberculosis Care: A Guide for Self-Study and Self-Assessment	5	
	Designing a Tuberculosis Standardized Patient Program for Medical Students	1	
I CONTROL OF STATE OF	Diagnosis and Treatment of Latent Tuberculosis Infection Pocket Card	5	
Secretary of the secret	Guidelines for the Diagnosis of Latent Tuberculosis Infection for the 21st Century (2nd Edition)	25	
Marian and a second and a secon	Management for Latent Tuberculosis Infection in Children and Adolescents: A Guide for the Primary Care Provider	5	
TB bornerory on charge many many many many many	TB Interviewing for Contact Investigation: A Practical Resource for the Healthcare Worker	5	
SCALARD AND AND AND AND AND AND AND AND AND AN	TB Simulated Patients: A Training Resource for the Contact Investigation Interview	5	
Canada Anna Anna Anna Anna Anna Anna Anna	Treatment of Tuberculosis Pocket Card: Standard Therapy for Active Disease in Adults & Adolescents	5	
Comments of the state of the st	Treatment of Tuberculosis Pocket Card: Standard Therapy for Active Disease in Children	5	
TBSTURAL COMPETENCY Assessing Ourselves	Tuberculosis and Cultural Competency Newsletters Notes from the Field		
3 00000	Issue # 17: Working Through Communication Challenges Spring 2013	5	
	Issue #16: Assessing Ourselves - Winter 2013	5	
	Issue #15: From Isolation to Vocation - Summer 2012	5	
	Issue #13: No Woman Is An Island - December 2011	5	
	Issue #11: A Family Affair - June 2010	5	

	Issue #10: Engaging the Patient - December 2009	5	
	Issue #8: Working with Migrant Farm Workers - Fall 2008	5	
	Issue #7: Reaching Out to Burmese Refugees - Spring 2008	5	
5	Tuberculosis Case Management for Nurses: Self Study Modules	1	
\$20 Table	Tuberculosis Contact Investigation in Congregate Settings: A Resource for Evaluation	5	
What Need Know About Tuberculosis	What You Need To Know About Tuberculosis: Patient Education Flipbook	1	

First Name:	
Last Name:	
Title:	
Affiliation:	
Address 1:	
Address 2:	
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State/ Province:	•
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Fax:	
*Email Address:	

You may return this form by fax to 973 972-1064. We have more materials available in an online format. Please visit:

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