



# TB Program Managers' Workshop

OCTOBER 3 - 5

8:00 AM - 4:30 PM

NEWARK, NEW JERSEY



Presented by

New Jersey Medical School Global Tuberculosis Institute

## FACULTY

### NJMS Global TB Institute

Nisha Ahamed, MPH, CHES  
Program Director, Education & Training

Alfred Lardizabal, MD  
Assistant Professor/Assistant Director of Research

Eileen Napolitano  
Deputy Director

Amy Piatek, MS  
Training & Consultation Specialist

Lee B. Reichman, M.D., M.P.H.  
Executive Director

Mark Wolman, MA, MPH  
Program Manager, TB Control

### UMDNJ-New Jersey Medical School

Marian Passannante, PhD  
Associate Professor

Michelle Burday, Ph.D (D)ABMM  
Director of Clinical Microbiology

Kevin Fennelly, MD, MPH  
Assistant Professor & Interim Director  
Department of Pulmonary Medicine

### NJ Department of Health & Senior Services

Karen Galanowsky, RN, BSN, MPH  
Nurse Consultant

Tom Privett  
Program Manager, TB Control

### Public Health Research Institute

Barry Kreiswirth, PhD  
Director, TB Center

### National TB Controllers Association

Carol J. Pozsik, RN, MPH  
Executive Director

### Charles P. Felton National Tuberculosis Center at Harlem Hospital

Bill Bower, MPH  
Director of Education & Training

### NY City Department of Health

Crystal Simmons  
Associate Staff Analyst

### Centers for Disease Control & Prevention

Maureen Wilce, MS  
Behavioral Scientist

This program is an activity of the  
**NORTHEASTERN REGIONAL TRAINING & MEDICAL CONSULTATION CONSORTIUM**

## COURSE DESCRIPTION

This is an interactive workshop designed to enhance the managerial skills of new and seasoned TB supervisors and managers.

## TARGET AUDIENCE

Entry level and mid-level managers and experienced supervisors in TB control programs.

## OBJECTIVES

Upon completion of this course participants will be able to:

- Apply TB surveillance data to program management and evaluation
- Understand laboratory techniques for the diagnosis of TB
- Discuss recommended anti-TB therapy and how it applies to the management of TB cases, suspects, and high-risk individuals
- Apply principles of TB transmission to facility management and supervision of contact investigations
- Define cultural competency in the context of TB programs
- Evaluate aspects of a TB program in order to improve quality and outcomes
- Develop TB programs through training and community collaborations

## COURSE REQUIREMENTS

Enrollment is limited to supervisors and managers in TB control. Participants must be familiar with the basic of tuberculosis, as outlined in the CDC Self-Study Modules on Tuberculosis prior to attendance at this course. The modules can be found at:

<http://www.cdc.gov/tb/pubs/ssmodules/default.htm>

## REGISTRATION PROCESS

Please complete the attached application, and return it to:

NJMS Global Tuberculosis Institute  
PO Box 1709  
225 Warren Street  
Newark, NJ 07079-1709  
Attention: Valerie Gunn

## FEE

\$75.00 fee is required prior to the start of the course.

## PLANNING COMMITTEE

### NJMS Global TB Institute

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Nisha Ahamed, MPH, CHES  
Program Director, Education and Training

Rajita Bhavaraju, MPH, CHES  
Training & Consultation Specialist

Valerie L. Gunn  
Health Educator

DJ McCabe, RN, MSN  
Trainer & Consultant, Clinical Programs

Lillian Pirog, RN  
Nurse Manager, Lattimore Practice

## TRAINING LOCATION

New Jersey Medical School Global Tuberculosis Institute  
225 Warren Street  
First Floor, West Wing  
Newark, NJ 07103

## LODGING

For your convenience, we have reserved a block of rooms at the Hampton Inn & Suites - Newark Riverwalk. Please mention **GROUP CODE: PMC** to receive the group rate of \$114.99 per night (plus tax). Directions will be provided in the confirmation letter.

For more information, please contact Valerie Gunn at (973) 972-9103 or email at [gunnvl@umdnj.edu](mailto:gunnvl@umdnj.edu)

# TB Program Managers' Workshop

## October 3 -5, 2007

### Application Form

**Note:** Completion of this form does not guarantee acceptance. If your application is accepted, you will receive a confirmation letter.

Background Information	
Name:	Degree(s) used after name:
Job Title/Position:	Agency:
Department:	Preferred name for name tag:
Mailing Address	Other Contact Information
Street:	Work Phone: <span style="float: right;">Ext.</span>
	Work Fax:
City: <span style="float: right;">State:</span>	Alternate Phone:
Zip Code:	Email Address:
Job History and Responsibilities	
Percentage of work time devoted to TB:	Years of experience in the field of TB:
Do you currently manage a TB control program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many employees does your program have? _____	
Please describe your general work responsibilities:	
<p>Please check the item that most closely describes your organization / workplace</p> <input type="checkbox"/> State or territorial TB control program <input type="checkbox"/> Local (city or county) TB control program <input type="checkbox"/> Federal agency <input type="checkbox"/> University / educational institution / school <input type="checkbox"/> Hospital <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Non-profit / non-governmental organization <input type="checkbox"/> Other _____	
<i>Needs and Expectations for Workshop</i>	
What specific knowledge do you hope to gain at this workshop?	

Please specify any special accommodations you may need.		
How did you learn about this workshop?		
<b>Payment Method (Please check one method)</b> Fee: \$75.00		
<input type="checkbox"/> Check or Money Order <input type="checkbox"/> Purchase Order  Make payable to: NJMS Global TB Institute	Check # :	
	Money Order #:	
	Purchase Order #:	
Please complete this application as soon as possible and indicate method of payment. Applicants will be notified of acceptance, and registration will be confirmed once payment has been received. Applicants should confirm with their agency or organization to verify that payment has been made, as payment is required to attend the course.		
<b>Return this form by mail, fax, or email</b>		
<b>Mail</b>	<b>Fax</b>	<b>Email</b>
NJMS Global Tuberculosis Institute 225 Warren St., 1 <sup>st</sup> Floor, West Wing PO Box 1709 Newark, NJ 07101-1709 <b>Attn: Valerie Gunn</b>	(973) 972-1064 Attn: Valerie Gunn	<a href="mailto:gunnv1@umdnj.edu">gunnv1@umdnj.edu</a>