

2017 AIPP EDUCATIONAL TRAINING EVENT

Tuberculosis Administration Certification Workshop

Presented by the Arkansas Innovative Performance Program

10 A.M.—2 P.M. • Tuesday, October 10

Ralph Joseph Education Building • Walnut Ridge
Lawrence Memorial Hospital campus, 1219 W. Main St.

Registration begins 30 minutes prior to the start of the session.

PURPOSE/OBJECTIVES

Provide certification for tuberculosis testing to long term care licensed practical and registered nurses

SUCCESSFUL COMPLETION

Upon completion of this workshop, the participant will be certified to administer and read tuberculin skin tests

CONTACT INFORMATION

For more information, please call the AIPP team at 501-212-8602

REGISTRATION INSTRUCTIONS

- **REGISTER ONLINE** by going to **afmc.org/aippevents**, clicking on the title of the event you wish to attend, and then clicking on the “Register Today” link
- **EMAIL** **bperez@afmc.org**
- **PHONE** **501-212-8602**
- **FAX** **501-372-5926**



Arkansas Innovative
Performance Program (AIPP)
afmc.org/aipp



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For more information, please call the AIPP team at 501-212-8602 or email aipp@afmc.org.

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FIRST NAME: _____ MI: _____ LAST NAME: _____

RN/LPN LICENSE NUMBER (REQUIRED TO RECEIVE TB TESTING CERTIFICATE): _____

JOB TITLE: _____ DEGREE/CREDENTIALS (IF ANY): _____

NURSING HOME/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EXT: _____ FAX: _____ EMAIL*: _____

*(Email required for confirmation of registration.)

PROFESSION (Check all that apply)

- ☐ Administrator
- ☐ Certified Nursing Assistant
- ☐ Dietary Manager
- ☐ Dietitian
- ☐ Environmental Services
- ☐ Medical Records/HIM
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Ombudsman
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician Assistant
- ☐ Respiratory Therapist
- ☐ Social Worker
- ☐ Speech Therapist
- ☐ Other _____

SETTING (Check all that apply)

- ☐ AFMC
- ☐ Assisted Living Facility
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital
- ☐ Nursing Home
- ☐ State/Federal Agency
- ☐ Other _____

ROLE (Check all that apply)

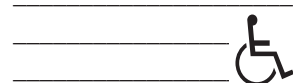
- ☐ Administration/Management
- ☐ Billing/Coding
- ☐ Case Management/UR
- ☐ Clerical
- ☐ Clinical
- ☐ Education
- ☐ Legislator
- ☐ Medical Records
- ☐ QA/QI
- ☐ Research/Analysis
- ☐ Student/Resident
- ☐ Other _____

HOW DID YOU HEAR ABOUT THE CONFERENCE?

(Check all that apply)

- ☐ AFMC personal contact
- ☐ AFMC website
- ☐ Email
- ☐ Fax
- ☐ Journal
- ☐ Mailer
- ☐ Word of mouth
- ☐ Other _____

Special needs: _____



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