

STD CLINICAL UPDATE
OCTOBER 17-19, 2007

HOLIDAY INN – PORTLAND
DOWNTOWN/CONVENTION CENTER

Registration Materials
for
STD CLINICAL UPDATE

Jointly Sponsored by:

*Seattle STD/HIV Prevention Training Center
Dept. of Human Services, Oregon Public Health, HIV/STD/TB Program*



2007 STD CLINICAL UPDATE

October 17-19, 2007

Holiday Inn – Portland Downtown/Convention Center
1441 NE 2nd Avenue
Portland, OR 97232 503-233-2401

The Oregon Department of Human Services, HIV/STD/TB Program and the Seattle STD/HIV Prevention Training Center are pleased to announce the 2007 STD Clinical Update, October 17-19, 2007.

Meeting Information

The training begins at 1:00 PM, Wednesday, October 17th. Registration will be from 12:30 – 1:00 PM. The training concludes at noon on Friday, October 19th.

Directions to Hotel

From I-5 North: Take Exit 302A toward Rose Quarter/City Center. Take the ramp toward Rose Quarter. Turn slight right onto N. Vancouver Avenue. Turn left onto N. Weidler Street. Turn right onto NE 2nd Avenue.

From I-5 South: Take the Weidler Street Exit – Exit 302A toward Rose Quarter/Broadway. Turn right onto NE Weidler Street. Turn right onto NE 2nd Avenue.

Meals Provided

October 18th Breakfast & Lunch
October 19th Breakfast only
Dinners are on your own.

Registration Information

Registration fee for the Clinical Update is \$75.00 per participant. Fee is waived for public health department staff and Infertility Prevention Project (IPP) participants. Lodging will be provided only for those health department and IPP staff traveling at least 70 miles to the training (rooms will be double occupancy).

Complete both the state Registration form and the training center Participant Information form; submit with payment to Lila Duncan, Oregon Department of Human Services, HIV/STD/TB Program, 800 NE Oregon Street, Room 1105, Portland, OR 97232 or fax to: 971-673-0178.

Registration deadline is September 19, 2007.

Practicum Information

Information on the STD Clinical Practicum sessions offered through the Multnomah County STD Clinic in Portland is enclosed. Participants interested in the Practicum should mark the appropriate box on the Clinical Update Registration Form. If you have questions regarding the Practicum at Multnomah County, please contact Ronnie Staats, 206-685-9848.

If you have questions regarding the Clinical Update, contact Lila Duncan, 971-673-0163, lila.m.duncan@state.or.us. For information about continuing education credits, please contact Ronnie Staats at 206-685-9848 or at rstaats@u.washington.edu.

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Wednesday, October 17, 2007

12:30 – 1:00	Registration
1:00 – 1:30	Introduction
1:30 – 1:50	Pre-test
1:50 – 2:00	<i>Break</i>
2:00 – 3:00	Syphilis – Sean Schafer, MD
3:15 – 4:15	Chlamydia Infections – Negusse Ocbamichael, PA-C
4:15 – 5:15	Gonococcal Infections – Wil Whittington, PhD-C

Thursday – October 18, 2007

7:45 - 8:30	<i>Continental Breakfast</i>
8:30 – 9:30	STD-Related Syndromes in Women-Part 1: Vaginitis – Hillary Liss, MD
9:30 – 9:45	<i>Break</i>
9:45 – 10:45	STD-Related Syndromes in Women-Part 2: Cervicitis/PID – Dr. Liss
10:45 – 11:00	<i>Break</i>
11:00 – 12:00	Human Papillomavirus – Sue Szabo, PA-C
12:00 – 1:00	<i>Lunch</i>
1:00 – 2:00	STDs in Adolescents – Special Concerns – Rachel Katzenellenbogen, MD
2:00 – 2:15	<i>Break</i>
2:15 – 3:15	Genital Dermatology – Ms. Sabo

Friday – October 19, 2007

8:15– 9:00	Continental Breakfast
9:00 – 10:00	Viral Hepatitis – Ann Shindo, PhD, MPH, MSW
10:00 – 10:15	<i>Break</i>
10:15 – 11:15	Genital Herpes – Christine Jonson, MD
11:15 – 11:45	Wrap-up, Post-test and Evaluations

Seattle STD/HIV Prevention Training Center

University of Washington

901 Boren, Suite 1100

Seattle, WA 98104

Phone: 206-685-9850

Fax: 206-221-4945

www.seattlestdhivptc.org



2007 STD CLINICAL UPDATE
October 17-19, 2007
Holiday Inn – Portland Downtown/Convention Center
Registration Form

NAME _____

ORGANIZATION/AGENCY _____

ADDRESS _____
(Street, Address, City, Zip)

E-MAIL _____

PHONE _____ FAX _____

SPECIAL NEEDS _____
(Wheelchair access, non-smoking room, vegetarian or dairy free meals)

<input type="checkbox"/> Attending Training Sessions, & Meals - Lodging required*	<input type="checkbox"/> Attending Training Sessions, & Meals No lodging
<input type="checkbox"/> Attending Training Sessions only, No meals, No lodging	
<input type="checkbox"/> I am interested in attending a 2-day clinical practicum at the Multnomah County STD Clinic	
<input type="checkbox"/> Public Health Department Staff/IPP Project; Fee Waived	<input type="checkbox"/> \$75.00 Fee Enclosed

Registration Fee for Clinical Update: \$75.00.
Fee will be waived for Public Health Department staff and
Infertility Prevention Project (IPP) partners.

Meals Provided

Thursday, October 18th: Breakfast & Lunch
Friday, October 19th: Breakfast

Lodging*

Lodging will be provided only for those health department and IPP staff traveling at least 70 miles to the training. Please mark the box indicated if you require lodging. The HST Program will provide a lodging list to the hotel. Rooms will be double occupancy.

Return registration form and payment to:
Lila Duncan, Department of Human Services
Public Health, HIV/STD/TB Program
800 NE Oregon Street, Room 1105
Portland, OR 97232
Fax: (971) 673-0178

REGISTRATION DEADLINE IS SEPTEMBER 19, 2007

To request this form in an alternate format, please contact Lila Duncan, Department of Human Services, Public Health, HIV/STD/TB Program (971) 673-0163.

**Seattle STD/HIV Prevention Training Center
PARTICIPANT INFORMATION FORM**

Today's date _____
 Course title STD Update Course date October 17-19, 2007

First name _____

Last name _____

Degree(s) _____

Title/Position _____

Organization _____

Address _____

City _____ State _____ Zip _____ Country (if not US)

Daytime Phone _____ Email _____

To create your unique ID number, use the first two letters of your first name, the first two letters of your last name, the month of your birth, and the day of your birth. For example: John Smith, May 29 has the ID number JOSM0529	_ _ # # (first 2 letters of your first name)	_ _ # # (first 2 letters of last name)	_ _ M M (Month of birth)	_ _ D D (Day of birth)
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- Your gender: Female Male Transgender
- Your ethnicity (select one): Hispanic or Latino Not Hispanic or Latino
- Your racial background (select one or more):
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
- Your occupation classification (select one):
 Clinical/laboratory..... **Answer questions 5-6**
 Non-clinical..... **Answer questions 7-8**

<ol style="list-style-type: none"> Your profession (select one): <input type="checkbox"/>5 Advanced practice nurse <input type="checkbox"/>3 Registered nurse <input type="checkbox"/>4 LPN/LVN <input type="checkbox"/>1 Physician <input type="checkbox"/>2 Physician Assistant <input type="checkbox"/>7 Laboratorian <input type="checkbox"/> Other: _____ Your primary functional role (select one): <input type="checkbox"/>1 Clinician <input type="checkbox"/>2 Administrator <input type="checkbox"/>3 Supervisor <input type="checkbox"/>4 Program manager/coordinator <input type="checkbox"/>5 Case manager <input type="checkbox"/>6 Prevention case manager <input type="checkbox"/>7 Counselor <input type="checkbox"/>9 Researcher <input type="checkbox"/>9 Resident/fellow <input type="checkbox"/>10 Laboratorian <input type="checkbox"/>11 Student <input type="checkbox"/>12 Faculty <input type="checkbox"/>13 Health educator <input type="checkbox"/>14 Trainer <input type="checkbox"/>15 Outreach <input type="checkbox"/>16 Disease intervention/investigation <input type="checkbox"/>17 Not employed <input type="checkbox"/>18 Other: _____ 	Clinical/Laboratory
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7. Your profession (select **one**):
1 Epidemiologist 2 Community health worker 3 Disease intervention specialist/investigator
4 Health educator 5 Social worker 5 Behavioral scientist 7 Counselor 8 Administrator
9 Mental health therapist 10 Other: _____
8. Your primary functional role (select **one**):
1 Administrator 2 Supervisor 3 Program manager/coordinator 4 Case manager
5 Prevention case manager 6 Counselor 7 Researcher/epidemiologist 8 Resident/fellow
9 Student 10 Faculty 11 Health educator 12 Trainer 13 Outreach
14 Disease intervention/investigation 15 Not employed
16 Other: _____
10. Your principal employment setting (select **one**):
2 State/local health department 6 Solo/group private medical practice 5 HMO/managed care org.
4 Hospital or hospital-affiliated clinic 11 Community/non-profit health center/clinic
1 Community-based service organization (CBO) 8 Correctional facility 10 Tribal/Indian Health Service
3 School/university (academic department) 7 School/university (student health clinic)
12 Capacity-Building Assistance (CBA) provider 9 Military 13 Not employed 14 Other: _____
- a. **If your principal employment setting is a Community Based Organization (CBO),** please specify how your agency is funded:
 Directly funded by CDC – program announcement 04064 Directly funded by CDC – program announcement 03003 Other CDC program announcement (please specify): _____
 Health department Other: _____
- b. **If your organization receives CDC funding to provide Capacity Building and Technical Assistance (CBA provider),** please specify how your agency is funded:
 Directly funded by CDC - program announcement 05051 Directly funded by CDC - program announcement 04019 Other CDC program announcement (please specify): _____
 Health department Other: _____
11. Primary programmatic focus of your work: (select up to two):
 STD HIV/AIDS Women's reproductive health General medicine or Family practice
 Adolescent/student health Mental health Substance use/addiction Emergency medicine
 Corrections Other _____

12. Special population(s) or target group(s) focused on by your work/program (select up to three):

- No target group/general
- Adolescents
- Gay/Lesbian/Bisexual/MSM
- Transgender
- Homeless
- Incarcerated individuals/parolees
- Pregnant women
- Sex workers
- African Americans
- Asians
- Native Hawaiian/other Pacific Islanders
- American Indian/Alaska Native
- Hispanic/Latinos
- Recent immigrants/refugees
- Substance users/IDU
- Substance users/non-IDU
- HIV+ individuals
- Other special population: _____

13. How did you hear about this course?

- 1 Flyer/brochure
- 2 Word of mouth/colleague
- 3 E-mail
- 4 Notice in newsletter/journal
- 5 Website/internet
- 6 Conference exhibit
- 7 Previous PTC course
- 8 Program requirement
- 9 Other: _____

14. Do you consent to being contacted for:

- Updates? Yes No
- Evaluation purposes? Yes No

15. If you are applying for an STD Update with Optional Clinical Practicum, are you interested in scheduling a practicum (additional fees apply)?

- Yes No

STD CLINICAL PRACTICUM

In conjunction with the STD Update course scheduled for October 17-19, 2007, a clinical practicum session is being offered through the Multnomah County Health Department STD Clinic in Portland, Oregon for clinicians who have a minimum of six months STD exam experience. (This practicum is not intended for people who have little or no STD exam experience.) **You must indicate your interest in a practicum session by marking the practicum box on your clinical update registration form.** We will then contact you with more information about scheduling your practicum session.

Practicum sessions are scheduled individually through the clinic and will be conducted for one participant at a time. There are a limited number of spaces available, so early registration is essential. Practicum dates include:

October 22-23, 2007
November 5-6, 2007
November 19-20, 2007

December 3-4, 2007
December 17-18, 2007
January 7-8, 2008

Practicum participants will work directly under a clinical preceptor and will observe and/or conduct STD examinations on both male and female clients. The gender of the clients seen and the number of examinations performed will depend on the clinic census on the days of the practicum and cannot be predetermined.

After you receive confirmation of your acceptance into the practicum you will be given instructions for contacting the Multnomah County STD Clinic to schedule your practicum dates.

If you have questions, please either call Ronnie Staats at 206-685-9848 or email her at rstaats@u.washington.edu.