

3-Day STD Part-time Intensive Course

Target Audience: MDs, NPs, PAs, or other providers desiring and seeking a comprehensive disease focused STD update with a lab and clinical component.

This three-day onsite training is available at Guilford County Health Department.

Training dates are:

- July 18-20, 2011
- October 3-5, 2011
- February 6-8, 2012

10 hours didactic, 10 hours experiential

Cost: \$100

Make checks payable to:

Guilford County Public Health
Attention: Rick Williams, PTC Registration

Mail payment to:

Guilford County Health Department
Attention: Rick Williams
PTC Coordinator, North Carolina
1100 East Wendover Avenue,
Greensboro, NC 27405

To register for this training, complete the registration form (below), download and send by mail or email to the point-of-contact listed below.

[Schedule](#)

[Registration Form](#)

Point-of-contact:

Rick Williams
rwillia0@co.guilford.nc.us
PTC Coordinator, North Carolina
1100 East Wendover Avenue,
Greensboro, NC 27405
Phone: 336-641-3105

AL-NC STD PREVENTION TRAINING CENTERS

3-DAY STD PART-TIME INTENSIVE COURSE

****SCHEDULE***

<i>DAY 1</i>	<i>TOPIC</i>
8:00 – 8:30 am	Welcome / pre-test
8:30 – 9:30 am	STD/HIV 101
9:30 – 9:45 am	break
9:45 – 10:45 am	Cervicitis/Urethritis syndromes and their complications
10:45 – 11:45 am	Syphilis
11:45 – 12:30 pm	Lunch (provided)
12:30 – 1:15 pm	Infectious Vaginitis
1:15 – 2:00 pm	Dermatologic manifestations of STD/HIV
2:00 – 2:15 pm	break
2:15 – 3:15 pm	Principles of Male/Female STD Exam
3:15 – 4:00 pm	Case Studies/post test
4:00 - 4:15 pm	Evaluation - Day 1
<i>DAY 2</i>	<i>TOPIC</i>
8:00 – 9:00 am	HIV acute: presentation and natural history
9:00 – 10:00 am	HPV
10:15 – 10:30 am	break
10:30 – 11:30 am	HSV
11:30 – 12:30 pm	Hepatitis A, B, C
12:30 – 1:30 pm	Lunch (provided)
1:30 – 4:30 pm	Experiential training (clinical, lab, and/or DIS)
4:30 - 4:45 pm	Evaluation - Day 2
<i>DAY 3</i>	<i>TOPIC</i>
8:00 am – 4:30 pm	Experiential training (clinical, lab, and/or DIS)
4:30 - 4:45 pm	Evaluation - Day 3

****Schedule may vary based on instructor schedule and participant needs.***

**AL-NC STD PREVENTION TRAINING CENTERS
REGISTRATION FORM**

Name
(First, MI, Last): _____

Degree
(i.e., MD, RN, BS, MPH, etc): _____ Current Occupation: _____

STD Enhanced Role Certified? ☐ yes ☐ no If yes, date of certificate: _____

Address: _____

City State Zip

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email Address: _____

Course: _____ Location: _____ Date: _____

Fee Due? ☐ yes ☐ no

If fee is due please make checks payable to:

Guilford County Public Health

Attention: Rick Williams, PTC Registration

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Send registration information and check to:

Guilford County Health Department

Attention: Rick Williams

1100 East Wendover Ave.

Greensboro, NC 27405

Phone: (336) 641-3105 [email: rwillia0@co.guilford.nc.us](mailto:rwillia0@co.guilford.nc.us)

Include Copy of Registration Form