

TB Education and Training Network (TB ETN)

Individual Membership Application

Date: _____

Visit www.cdc.gov/tb/tbetn for details on membership features

Contact Information (Please print or type)

Name: _____

Degree(s): _____

Job Title: _____

Employer: _____

Mailing Address: Street _____

City _____ State/Province _____

Zip/Postal _____ Country _____

Phone: _____ Fax: _____

E-mail: _____

Type of Employer

(Check only one box)

- ☐ Federal government
- ☐ State government
- ☐ County/city government
- ☐ Non-profit agency
- ☐ Hospital/Acute care facility
- ☐ Migrant clinic
- ☐ Private medical office/clinic
- ☐ Correctional center/jails
 ___ State ___ County/City ___ Federal
- ☐ Homeless shelter
- ☐ Long-term care facility
- ☐ Occupational health facility
- ☐ University/college
- ☐ Community Based Organization
- ☐ Other (Please specify): _____

Type of Membership

(Check only one box)

OPTION 1

☐ **Active**

Individuals who have the lead role for TB education and training in their agencies. Active members have the opportunity to participate in all TB ETN activities, receive priority registration for all TB ETN meetings and activities, may vote on TB ETN business-related issues, and may serve on workgroups.

OPTION 2

☐ **Information only**

Individuals who do not have a lead role in TB education and training in their agencies or do not wish to actively participate in TB ETN activities. Information-only members receive information about TB ETN meetings, activities, etc., via e-mail postings to the membership. Information-only members are not eligible to vote on TB ETN business-related issues or serve on workgroups.

Optional — Join a Workgroup

Workgroup membership is open to all **Active Members** who are willing to participate in at least six (6) monthly conference calls (may participate via e-mail) and assist with workgroups activities and projects (see TB ETN Bylaws for specific requirements). Workgroup activities include telephone conference calls, development of tools to benefit TB educators, marketing of TB ETN, and planning the annual conference.

- ☐ Membership Development Workgroup
- ☐ Conference Planning Workgroup

Additional Information

In a 40-hour work week, what percent of your time is spent on TB education and training activities? _____

In your program area, with what other TB control agencies, if any, do you collaborate? (Please list)

- 1.
- 2.
- 3.

Please describe your top five job responsibilities as they relate to **TB education and training** activities.

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | |

What top five special interest/expertise areas do you have that might strengthen TB ETN?

- 1.
- 2.
- 3.
- 4.
- 5.

What do you hope to gain by membership in the TB ETN?

"Bringing together TB education and training professionals" **Information for New and Existing Members**

Benefits of Membership

- Networking and collaborating with other TB education and training professionals
- Exchanging ideas, information, and experiences
- Accessing and sharing resources
- Collaborating on training and education research
- Receiving updated information about TB courses and training initiatives
- Building TB education and training-related skills
- Pilot testing and previewing new communication and education materials

Membership is open to all persons who have an interest in TB education and training issues. To activate membership, an individual must complete this application. New members may join TB ETN at any time during the year. There are no membership fees. In order to keep the membership list current, the Steering Committee may, on an as-needed basis, request members to re-register.

If you have any questions about TB ETN or would like to request additional membership forms, please contact TB ETN at **tbetn@cdc.gov**.

Send completed membership application:

E-mail: tbetn@cdc.gov
Fax: (404) 639-8960

Mailing address:
TB ETN/CDC
1600 Clifton Rd., NE MS E10
Atlanta, GA 30333 USA