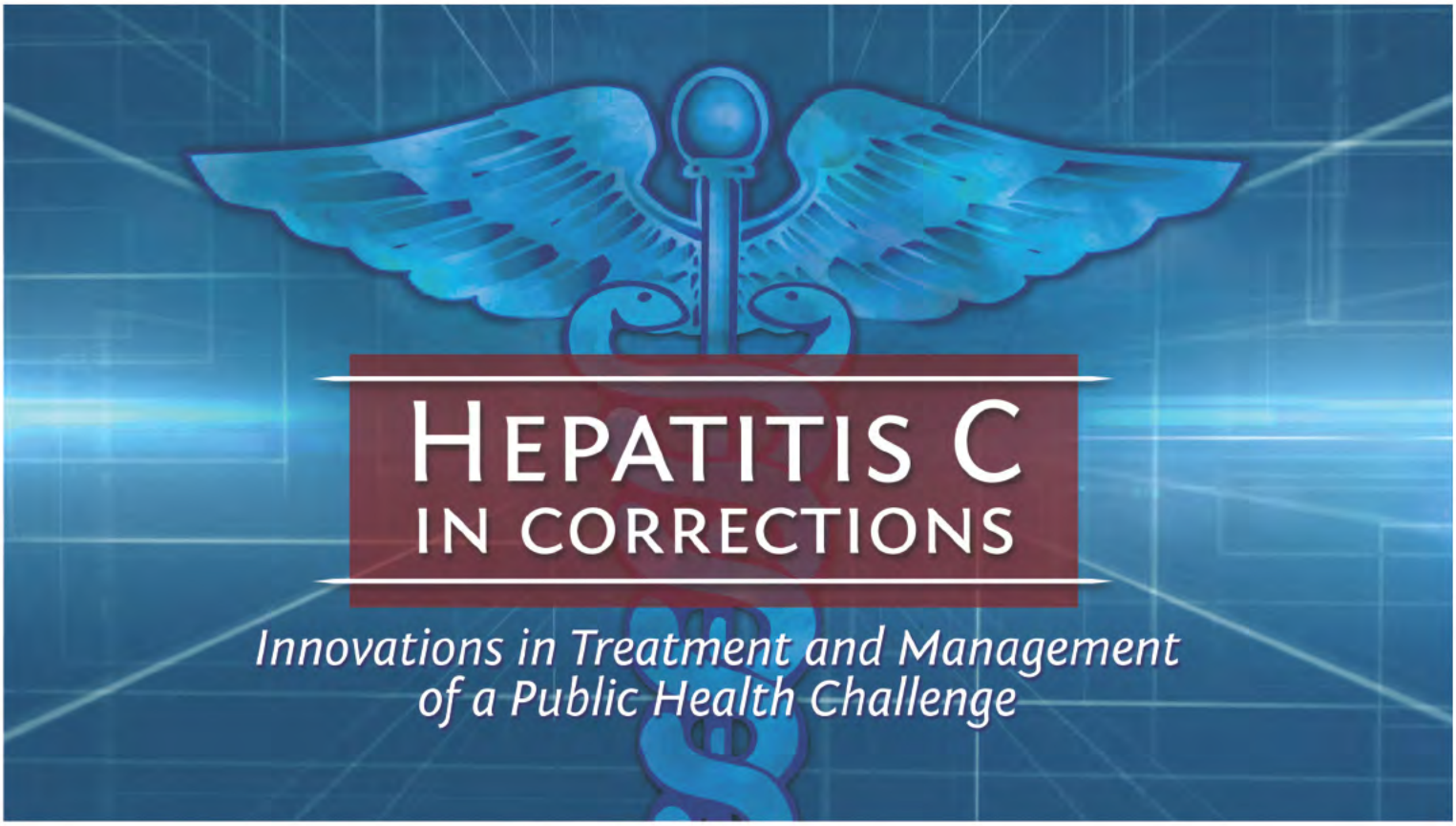

PARTICIPANT GUIDE

Internet Broadcast

September 16, 2015

IB201509

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The National Institute of Corrections is a center of learning, innovation and leadership that shapes and advances effective correctional practice and public policy. NIC is fully committed to equal employment opportunity and to ensuring full representation of minorities, women, and disabled persons in the work-force. NIC recognizes the responsibility of every employer to have a workforce that is representative of this nation's diverse population. To this end, NIC urges agencies to provide the maximum feasible opportunity to employees to enhance their skills through on-the-job training, work-study programs, and other training measures so they may perform at their highest potential and advance in accordance with their abilities.

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Help Desk: www.nicic.gov/HelpDesk

PROGRAM CONTACT INFORMATION

Prior to Broadcast Day
1-800-995-6429, Follow prompts for "Academy Division"

On Broadcast Day – September 16, 2015
9am-12pm Pacific Daylight Time, 12pm – 3pm Eastern Daylight Time
NOTE: Arizona Standard Time – 9am – 12pm

See the live telecast at: *http://nicic.gov/ViewBroadcast*

Join the simultaneous online live chat discussion during the program at:
http://nicic.gov/LiveChat

Participate in the Live On-Air Discussion via:
Phone: 1-800-278-4315
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Email: nic@ksps.org

CONTINUING EDUCATION UNITS

CEUs are available through Eastern Washington University.

1. Site Coordinator should print out the EWU registration form, program evaluation form and participant sign-in /sign-out sheet.

(CEU Forms are on the last pages of this Participant Guide.)

2. Participants sign-in, complete the CEU registration form, take part in teleconference, fill out the evaluation and sign out. Submission of sign-in /sign-out sheet is required by IAECT which approves CEUs.

3. At conclusion of the program, the site coordinator should mail all forms and a fee of $22.00 payable to EWU for each participant who desires CEUs.

Mail Forms to:
Office of Continuing Education - Extended Campus
Eastern Washington University
300 Senior Hall
Cheney, WA 99004-2442
Phone: 509-359-7380 1-800-351-9959
FAX: 509-359-2220
NOTE: *Coordinators should only send in forms if there are participants who are applying for CEUs.*

4. Once EWU receives and processes the registration forms, each participant will receive via mail a CEU form which details course information and each participant's information.

PROGRAM OBJECTIVES

• Examine the scope of Hepatitis C (HCV) while comparing and contrasting prevalence in the general and corrections populations.

• Explain the transmission modes, prevalence rates and current treatment costs.

• Discuss policies, procedures and protocols implemented by agencies that are effectively managing HCV.

• Explore improved coordination of care and services for offenders upon release.

• Recommend resources and next steps.

PROGRAM SCHEDULE - September 16, 2015

On-Air via Internet
9 am -12 pm Pacific, 12 pm-3 pm Eastern
NOTE: Arizona Standard Time, 9am – 12pm

15 minute break at halfway point

PRESENTER BIOS

Anita Grant is an NIC Corrections Health Manager. In January 1999, Commander Grant, a former Navy Nurse, joined the Commissioned Corps of the U.S. Public Health Service. In June 2010, she joined the staff of the National Institute of Corrections in Washington, DC. Since then, Anita has coordinated public health and behavioral health-related technical assistance and executive practitioner training for the constituents of NIC.

Jim Greer is the Bureau Director of Health Services for the Wisconsin Department of Corrections. He is also the Co-Chair for the Coalition of Correctional Health Authorities (CCHA) for the American Correctional Association and past Chair of the ACA Health Care Committee. Jim is responsible for all the Health Care Services for the Wisconsin Department of Corrections at 36 institutions. He has lead projects to improve the health care services for all offenders in the system by implementing new programs for the women's correctional system and working with Medicaid to provide access to all offenders before release to the community.

Sheila Guilfoyle is a Public Health Educator with the Wisconsin Division of Public Health in Madison, Wisconsin. In this role, she is responsible for the overall coordination of a statewide program to respond to the emerging hepatitis C virus epidemic in the areas of policy, prevention, and surveillance. Sheila has 30 years of experience working in hepatitis C virus and HIV prevention in both public health and community based settings. She has been with the Division of Public Health since 1993. During her tenure at DPH, Sheila has held a variety of program management positions in AIDS/HIV, tobacco control, and injury prevention. She is a graduate of the University of Oregon.

Rear Admiral Newton E. Kendig is a 1984 graduate of Jefferson Medical College in Philadelphia. In 1987 he completed an internal medicine residency at the University of Rochester, Strong Memorial Hospital. Dr. Kendig served as Medical Director for the Maryland Department of Corrections and Public Safety for five years. He has served as the Assistant Director for the Health Services Division and Medical Director for the Bureau of Prisons since 2006. As a member of the Bureau's Executive Staff, Dr. Kendig oversees delivery of medical care, food services and occupational safety for the nation's largest correctional system. Dr. Kendig is a board-certified physician in internal medicine and infectious diseases and provides clinical leadership for commissioned officers and civil servant health care providers. He also cares for patients at Johns Hopkins University Hospital where he has served as part-time faculty in infectious diseases since 1991.

PRESENTER BIOS

Dr. Kathleen Maurer is the Connecticut Department of Correction's Director of Health and Addiction Services and Medical Director. Before assuming her current post in 2011, she was assistant medical director at Correctional Managed Health Care, a division of the University of Connecticut Health Center, which contracts with the state corrections department for offender medical care. Dr. Maurer is an active member of the American Correctional Association. She serves as Chair of the Research and Health Outcomes Working Group with the ACA Coalition of Correctional Health Authorities, and as Chair of the ACA Research Council. Most recently, Dr. Maurer authored the monograph "Hepatitis C in Correctional Settings: Challenges and Opportunities" as part of her work with CCHA. Dr. Maurer holds an MBA from the University of Connecticut, and she also earned her MD and MPH from Yale University School of Medicine. She is board certified in internal medicine, addiction medicine, and occupational and environmental medicine.

Dr. Olugbenga Ojo is an Associate Professor of Medicine in the Department of Internal Medicine and the Chief Medical Officer / Chief Physician Executive for the Texas Department of Criminal Justice Hospital in Galveston, TX. He received his MD from the College of Medicine, University of Lagos, Nigeria. Dr. Ojo did his postgraduate training in obstetrics and gynecology residency at the William Harvey Hospital in Ashford, Kent, England, and completed his Internal Medicine Residency at the Cook County Hospital in Chicago, Illinois. In 2005, Dr. Ojo received the Inaugural John P. McGovern Award from the UTMB McGovern Academy of Oslerian Medicine, for modeling the ideals of compassionate, scientifically sound, patient-driven care. He is board certified in hospital medicine and internal medicine and serves as an expert reviewer for litigation cases in correctional medicine.

Dr. Chad Zawitz is the Director of the Continuity of Care Clinics at the Cook County Jail/CORE Center in Chicago. He is also the Clinical Coordinator of HIV Medicine, the Physician Chair of Infection Control, and the Director of Infectious Diseases at Cermak Health Services, Cook County Jail. He acts as infectious diseases Faculty at Rush University and Associate Professor of Family Medicine at the University of Illinois. His interests include HIV/HCV, correctional healthcare, and LGBTQ health.

ACKNOWLEDGEMENTS

Special thanks to professionals who contributed to the content of this program:

David Wyles, M.D., Associate Professor of Medicine
UCSD Division of Infectious Diseases

R. Douglas Bruce, M.D., Chief of Medical Services
Cornell Scott Hill Health Center

Arthur Y. Kim, M.D., Director, Viral Hepatitis Clinic
Massachusetts General Hospital

Dr. Louis Shicker, Agency Medical Director
Illinois Department of Corrections

SEGMENT 1

Scope of the Hepatitis C Treatment Challenge

OBJECTIVES

✓Discuss the prevalence of hepatitis C in both the community and corrections environments.

✓Outline the risk factors for hepatitis C and discuss their relevance to the corrections environment.

✓Explain the importance of comorbid medical and mental health conditions in relation to HCV infection.

✓Discuss the current recommendations for HCV screening within community and corrections settings and describe the range of screening.

✓Discuss the costs of screening and treatment for HCV infected patients.

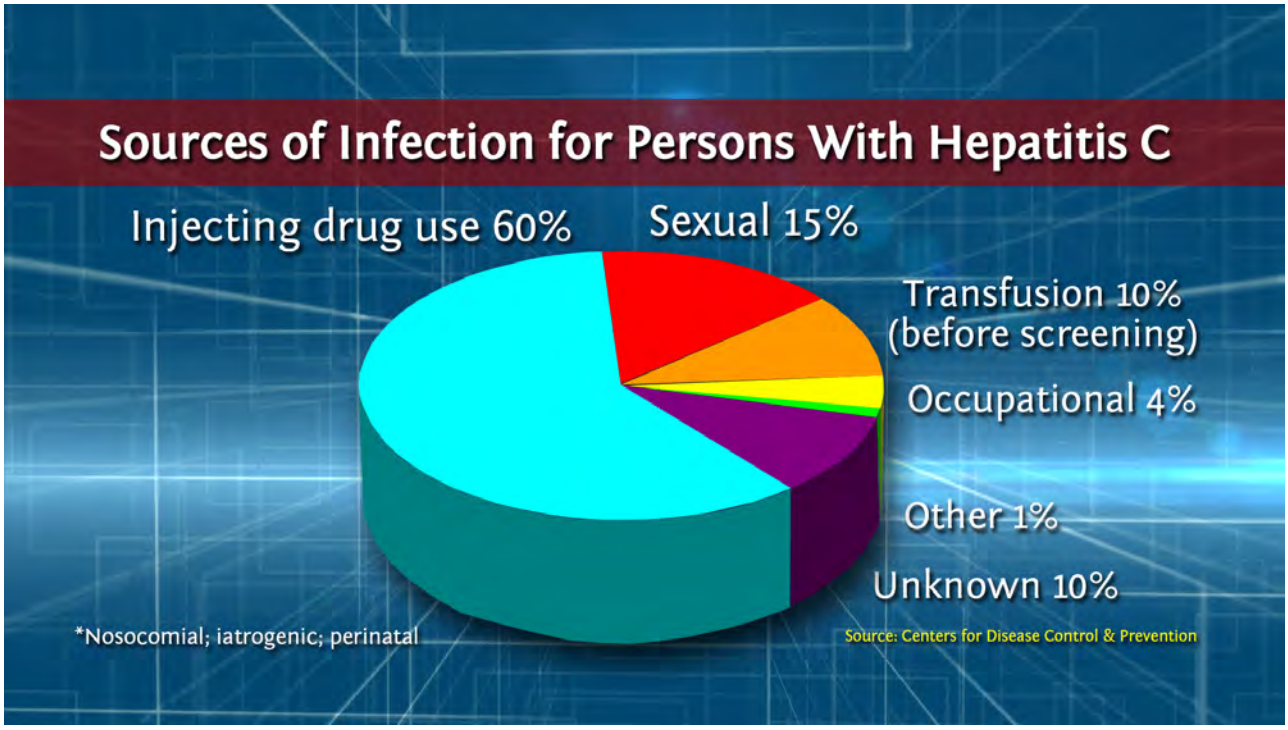
Prevalence of Hepatitis C in U.S.

National Health and Nutrition Examination Survey (NHANES)

- 2.7 million people have chronic HCV infection
- 1 % of populaiton (.08% - 1.2%)
- Statistics reflect non-institutionalized populations
- Statistics do not include homeless or incarcerated populations

Non-NHANES Prevalence Estimates (homeless or incarcerated)

- Incarcerated prevalence range of 23% - 41%
- 373,000 - 665,000 additional cases



Highest Risk for HCV Infection

Community Prevalence - 2 Groups

- Persons born between 1945- 1965
- Young people (ages 15-29) who use injection drugs

NOTE: *There is racial and ethnic disparity* .

Current Public Health Strategies for Screening

CDC Testing Guidelines -

HCV testing reecommended for anyone at increased risk of infectiion, including:

- Persons born born from 1945 - 1965
- Persons who have ever injected illegal drugs (including injecting once, years ago)
- Recipients of clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants before July 1982
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposure to HCV (healthcare workers after needlesticks involving HCV-positive blood)
- Recipients of blood or organs from donor who later tested HCV-positive
- All persons with HCV infection
- Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
- Children born to HCV-positive mothers (Children should not be tested before 18 months, to avoid detecting maternal antibody.)

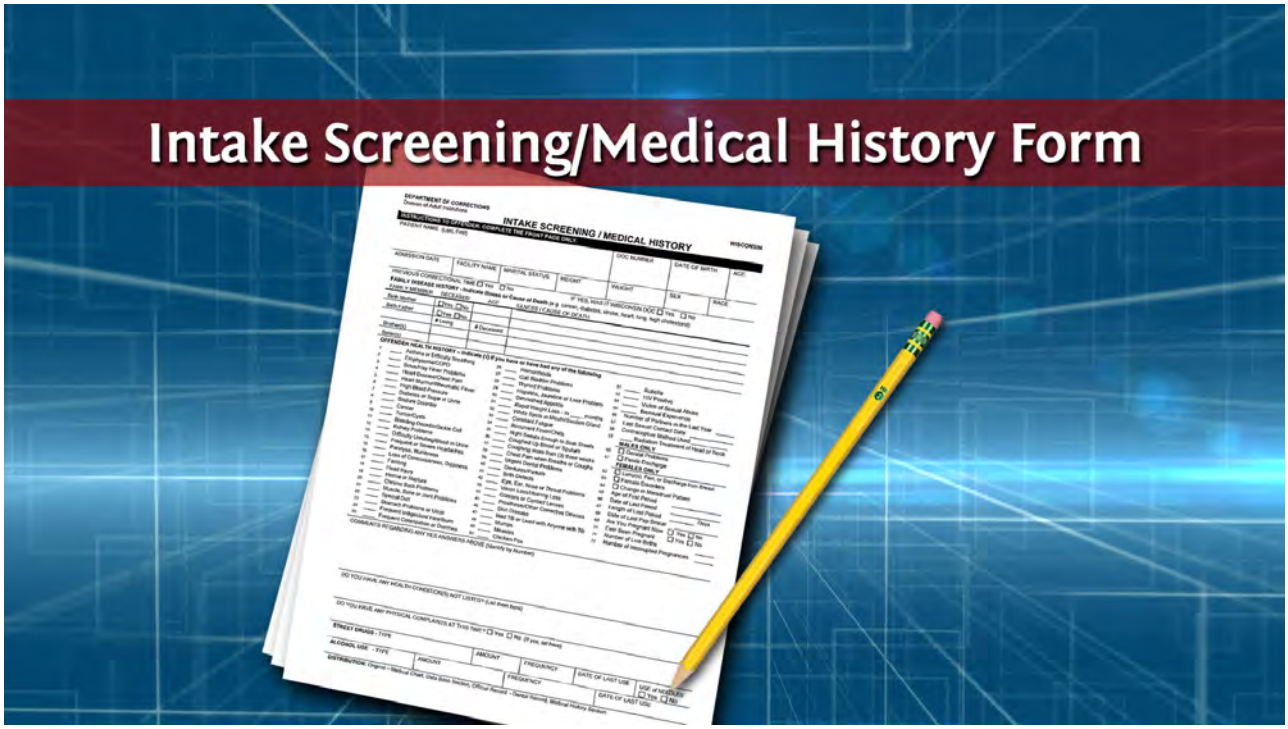
U.S. Preventive Services Task Force Recommendations

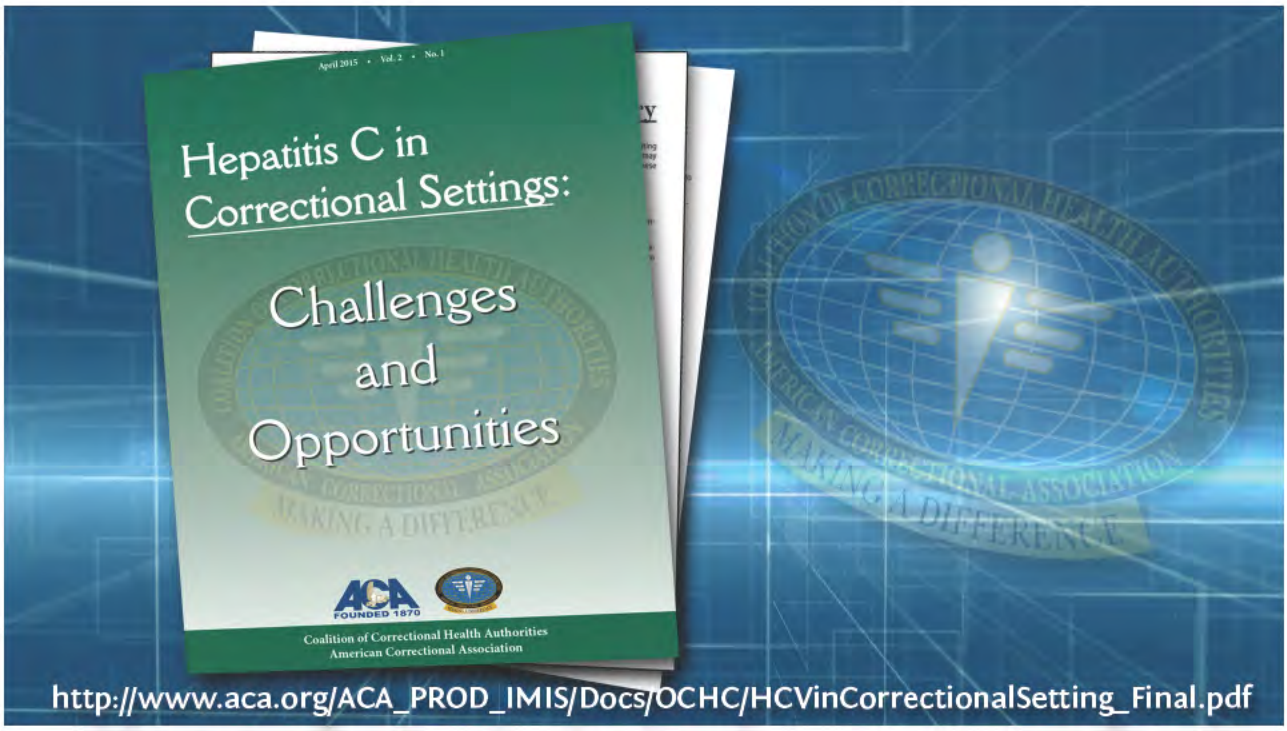
- Screening for HCV infection in persons at high risk for infection
- Offering one-time screening for HCV infection to adults born between 1945 and 1965

Correctional Screening Strategies

Wisconsin Department of Corrections:

- Developed an intake screening tool
- Voluntary HCV screening offered (over 90% acceptance rate)
- HCV anti-body and quantitative HCV PCR testing done by WI State Laboratory of Hygiene
- HBV & HAV vaccine offered to unvaccinated





"Green Book" Survey

American Correctional Association Survey

- Summer 2014, surveyed all state corrections organizations, Federal Bureau of Prisons and seven large jails
- Total of 57 U.S. correctional systems responded (97%)
- Data collection on HCV disease prevalence, screening practices and treatement
- Other related considerations:
  - Offender HCV education
  - Substance abuse treatment

"Green Book" Survey Findings

- Most correctional systems are very aware of HCV in their facilities
- Generally looking for HCV disease and treating individuals
- As many as 90% test for HCV disease in one of several ways
- 8 systems screen every offender for HCV upon entery
- 94% of systems responding are are treating HCV in their populations
- Many systems using newer direct acting antivirals available at time of survey
- Over half of systems treating more than 20 patients per year

Diagnosed Prevalence

Diagnosed Prevalence Measures	Number of Facilities	Number of Infected Individuals	Total Offender Population Represented
<10%	19	26,230	527,746
10% - 20%	11	59,517	464,688
>20%	1	900	4,200
TOTAL	31	86,647	996,634

OBJECTIVE

✓**Explain the transmission modes, prevalence rates and current treatment costs.**

"For those of us working in hepatitis C or thinking about joining the fight against hepatitis C, this is a time of great hope as well as some frustration. The great hope comes from the knowledge that we do have curative treatments today that can benefit over 90 percent of people living with hepatitis C. The frustrations are that we don't know that everyone who has this virus has been identified. The other major frustration is the cost."

- Dr. Arthur Kim
Director, Viral Hepatitis Clinic
Massachusetts General Hospital

Changes in HCV Treatment

2010 - Interferon-based Therapy

- Patient injects self once a week
- Side effects of anemia, blood count changes, depression, flu-like symptoms

2011 - First Direct Acting Antivirals

- Needed to be used with interferon-based therapy

2013 - 2014 - DAA (direct acting antivirals) or DAVA (direct acting viral agents)

- Eliminated need for interferon-based therapy
- Patient treatment with pills
- Pills work better than interferon-based therapy
- Cure rates dramatically inccreased, as high as 95%
- Expanded treatment

Cost Challenge of Treatment with DAVAs

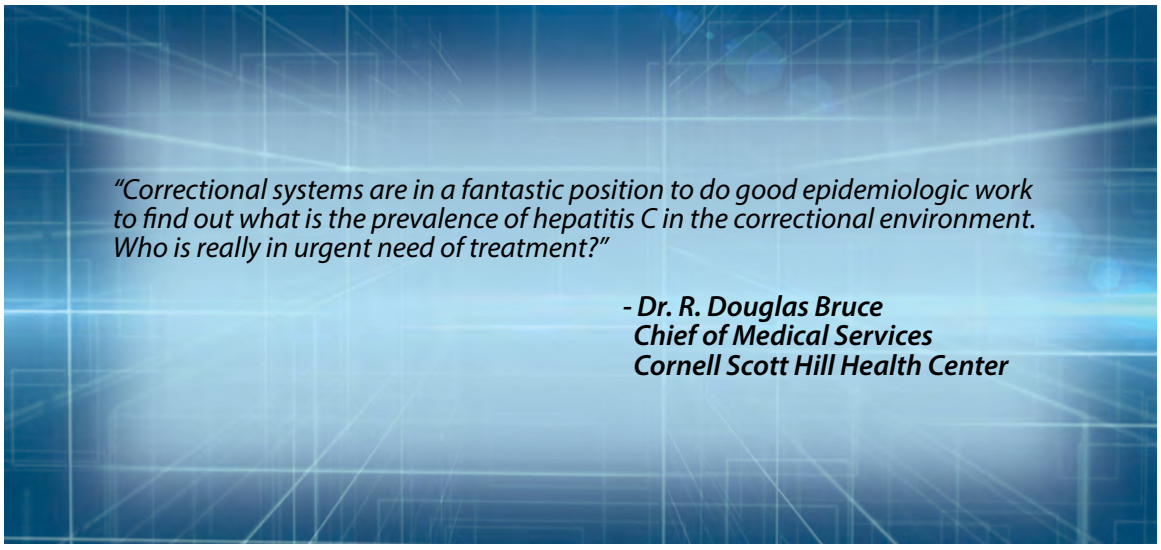
- Wholesale price for three months of therapay is $90,000.00 +
- Insurance requirements for coverage (advanced levels of fibrosis or cirrhosis)

OBJECTIVES

✓**Outline various screening approaches for diagnosing HCV infection within jails and prisons.**

✓**Articluate strategies for evaluating and prioritizing treatment of inmates with chronic hepatitic C viral infection.**

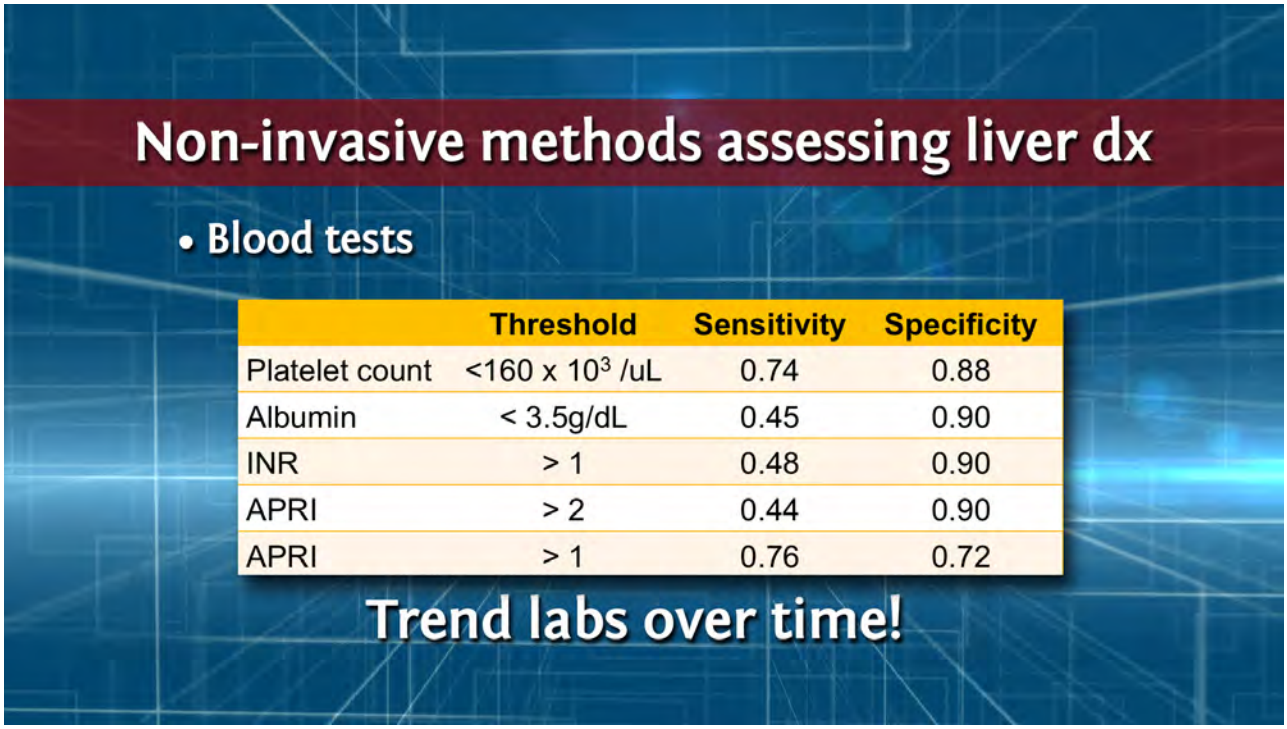
✓**Discuss practical risk management strategies for correctional health administrators providing oversight of hepatitis C programs.**



Jail Practices Related to HCV

Cook County Jail

- Identify patient (self, screening, outside providers)
- Referral to specialist
- Confirmation / Staging
- Determine length of stay
- Provide linkage to care (prison or community)

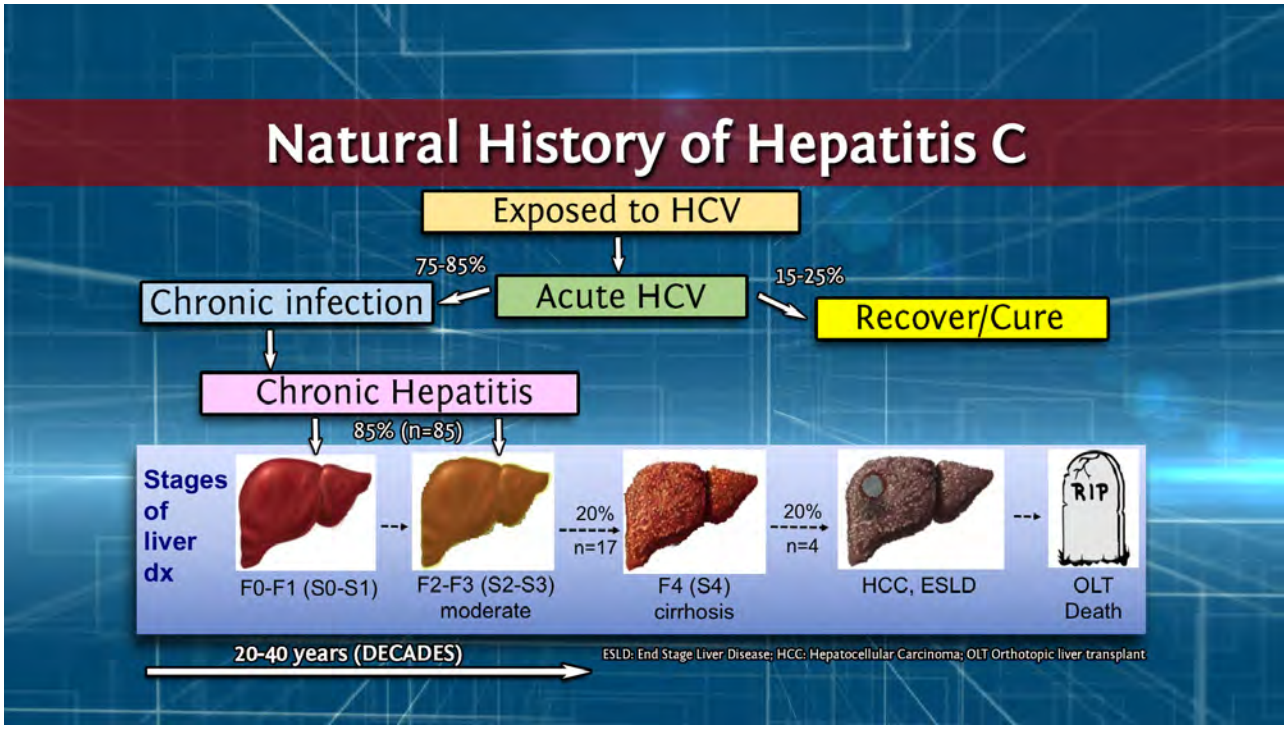


	Threshold	Sensitivity	Specificity
Platelet count	<160 x 10^3 /uL	0.74	0.88
Albumin	< 3.5g/dL	0.45	0.90
INR	> 1	0.48	0.90
APRI	> 2	0.44	0.90
APRI	> 1	0.76	0.72

Non-Invasive Methods Addressing Liver Diagnosis

Imaging - Ultrasound of Liver / Abdomen

- Coarse increase
- Echogenecity, nodularity
- Splenomegaly
- Hepatocellular carcinoma (HCC)



BOP Protocols for Treating Patients with HCV

Managing Hepatitis C - BOP Clinical Practice Guidelines, July 2015
www.bop.gov

• Based on IDSA/AASLD guidelines
www.hcvguidelines.org

• Guidelines updated regularly, most recently in August, 2015 as scores of new drugs became available

Staging Inmates with HCV Infection
Aspartate aminotransferase (AST)to Platelet Ratio Index (APRI) used common laboratory tests to cheaply estimate the degree of liver fibrosis in patients without known cirrhosis.

Staging Inmates with HCV Infection
Child-Turcotte-Pugh (CTP) uses albumin, bilirubin, INR, ascites and hepatic encephalopathy to assess the severity of cirrhosis.
A score of 7 or greater indicates decompensated cirrhosis.

BOP Priority Levels for Treating HCV Infection

Highest Priority Level
Decompensated cirrhosis
CPT score of 7-9
Compensated cirrhosis
Liver transplant candidates / recipients
Cryoglobulinemia with vasculitis
Continuity of care for inmates entering system on treatment

High Priority Level
APRI score of greater than or equal to 2.0
Advanced fibrosis if liver biopsy obtained (Metavir Stage 3)
HBV or HIV coinfection
Comorbid liver disease (e.g., hemochromatosis)

BOP Priority Levels for Treating HCV Infection

Intermediate Priority Level
APRI score of 1.5 - 2.0
Stage 2 fibrosis if liver biopsy obtained
Diabetes mellitus
Prophyria cutanea tarda

Routine Priority Level
APRI score of less than 1.5
Stage 0 - 1 if liver biopsy obtained

Not Candidate for Treatment
Not sufficient time to complete treatment during incarceration
Life expectancy of less than 18 months
Not motivated to receive treatment
Unwilling to abstain from high-risk activities

Texas DOC Priority Levels for Treatment

Beginning Pilot Program in September, 2016

Eligibility for Treatment:

APRI score greater than 0.7 and MELD scores 10 and above• Echogenecity, noduarity
Cirrhosis
HIV and/or Hepatitis B co-infections
Vasculitis
Extrahepatic manifestations
Chronic kidney disease (stage 2 - 4)
Patients who were already on treatment at intake

Exclusion Criteria:

Life expectancy of less than 1 year
Length of incarceration less than 6 months
Poor compliance
Continued high-risk behavior and allergy to meds

Wisconsin DOC Priotity Levels for Treatment

WI DOC, State Medicaid Dept. and State Employee Health Insurance Co. Agreed to the Following Criteria for Starting Treatment:

- Transplants - hepatitis C, HIV and hepatitis C infected
- Stage 3 liver fibrosis
- Certain types of lymphoma
- Glomerulonephritis
- Cryoglobulinemia

WI DOC - HCV Treatment Drugs and Costs

- Revised treatment protocol 3 times in past 15 months due to new medications being released by FDA and costs of drugs
- Currently using Harvoni and Sovaldi
- 45 offenders treated
- WI DOC will spend over $5 million in FY2015

BOP Risk Management Strategies for Managing Inmates with Chronic HCV Infection

- Adapt national evidence-based subspecialty guidelines to the correctional setting
- Track what other health care systems are doing
- Stage all HCV-infected inmates
- Centralize approval processs for hepatitis C medications
- Prioritize inmates with serious liver disease for treatment
- Defer but do not refuse care to other inmates
- Maintain all inmates in chronic care and monitor
- Centralize grievance process
- Follow state case law
- Collaborate with legal counsel

SEGMENT 4

Best Practices in Prisons and Jails for Successful Re-entry

OBJECTIVES

✓Outline the major components of successful re-entry for the criminal justice population.

✓Describe how re-entry for HCV-infected patients is similar to and different from non-infected persons.

✓Identify what and how agency and community relationships can help to support successful re-entry for patients with HCV and other special medical needs.

✓Provide details of several special programs designed to facilitate re-entry for HCV-infected populations.

✓Discuss the importance of and role for substance abuse treatment in the process of re-entry for HCV-infected and treated patients.

"Hepatitis C, being an epidemic in America, is something that correctional systems are facing in very real and palpable way. And I think that health centers are poised in a very nice way to be the linkage from the correctional environment into the community to provide continuity of care."

- Dr. R. Douglas Bruce
Chief of Medical Services
Cornell Scott Hill Health Center

HCV Treatment Continuity

Treatment continuity needed whether patients are in treatment or carry a diagnosis, but are not yet treated.

• Risk for hepatocellular carcinoma

• Risk for fibrosis and scarring

• Recommendation is for annual medical surveillance for patients with known chronic HCV Disease

Strategies for ensuring continuity of care:

• Community health clinics

• Federally qualified health centers - many of which are designated "health homes"

• Enrollment in Medicaid - whether Affordable Care Act Medicaid Expansion State or not if patient qualified for SSI, SSD, and CHIP

HCV screening allows for shared responsibility for treatment between jail and commununity.

• Work with Federally Qualified Health Center (FQHC) to identifiy patients with HCV infection

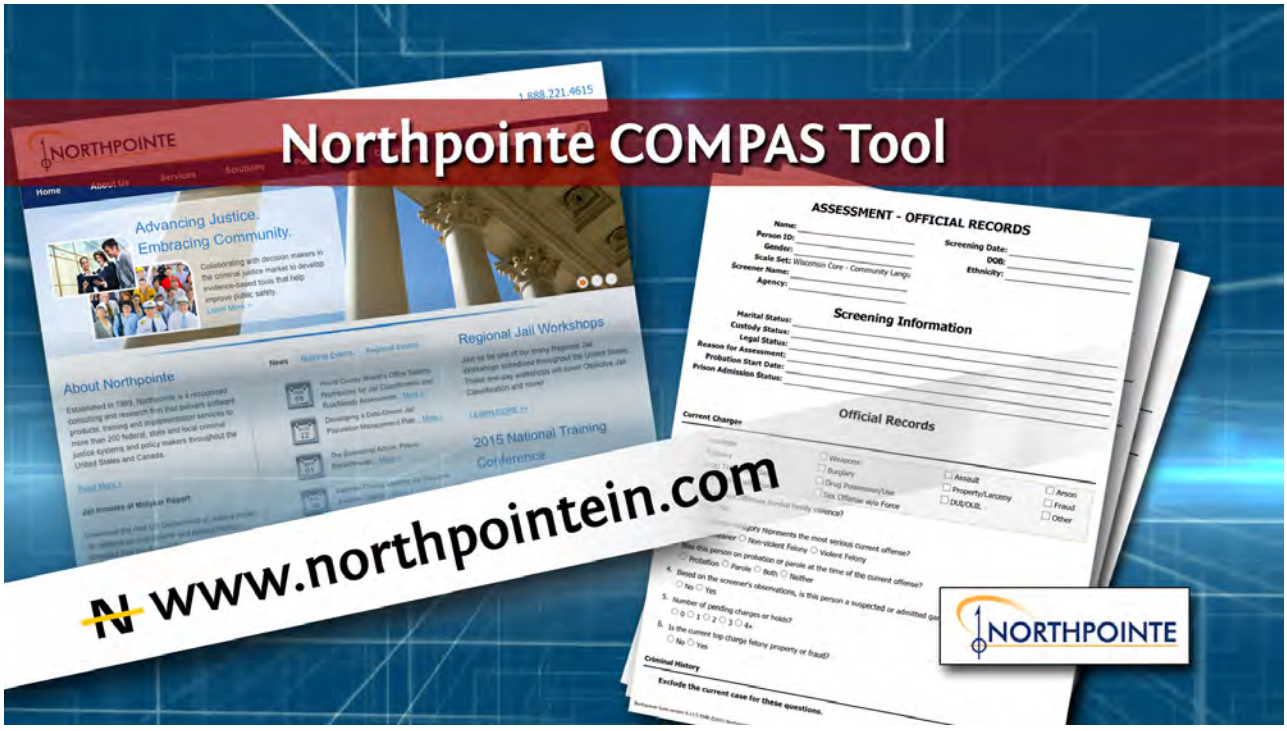
• Immediately connect with FQHC at discharge

• FQHC can take over responsibility for treatment and/or monitoring depending upon medical indications

WI DOC Partnership With Public Health

Partnership between WI DOC, WI DPH & WI State Laboratory of Hygiene

- Offer HCV antibody and PCR testing at intake at Dodge and Taycheedah
- Provide HBV, STI and HIV testing
- Testing is voluntary but accepted by 90% of offenders at intake
- Copays for medical services are waived for offenders who decline intake testing but request testing later
- Quarterly meetings involve DOC health services unit staff, DOC Medical Director, WI Division of Public Health Communicable Disease staff, WI State Laboratory of Hygiene staff, UW School of Medicine and Public Health faculty (Infetious Disease Department)



Northpointe Compas Assessment Tool

WI DOC uses the Northpointe Compass Assessment Tool as one of two different assessment tools for screening offenders for purposes of:

- Treatment
- Programming needs
- Security level
- Placement and planning for re-enry into the community
- Several questions address drug use and DUI/OUIL PASS history
- 11 sections and 34 questions are self-report

Wisconsin DOC HCV Strategies

- Medicaid enrollment prior to release
- Medicaid application via telephone with Medicaid card by patient's release
- Special program for high risk persons includes DOC contract with private agency for special needs assistance including: seriously mental ill, special needs populations, English as a second language
- Funding from Medicaid Administrative C for enrollment costs
- Release of offenders with 30 days of meds, rather than 14 days
- WI DOC has become Medicaid Pharmacy Provider to increase access and reduce costs

HCV and Substance Use Disorder Treatment

- Injection drug use common risk factor for HCV infection
- Once treated, need to ensure patients do not become re-infected
- Opiods are drug of choice for many HCV patients
- Evidence-based treatment methods are available
- Important to treat all HCV patients who have history of injection drug use or other substance use disorder in conjunction with HCV treatment

Opioid Substance Use Disorder Treatment

- 3 FDA approved meds used to treat opioid substance use disorders : Methadone, Buprenorphine/Naloxone and Naltrexone
- All 3 meds are effective in treatment of opioid substance use disorder
- Evidence base is greatest for methadone
- Data shows methadone decreases criminogenic behavior and recidivism, medical care costs, among other positive impacts
- Evidence that methadone treatment reduces HCV re-infection
- Naloxone kits reduce risk of overdose, especially in immediate post-release

OBJECTIVES

- ✓ **Highlight critical questions for HCV treatment in corrections.**
- ✓ **Recommend resources and next steps.**

"Each state has to do strategic planning with respect to this disease. They have to prioritize who they are going to treat. They have to think about the operational impact. We are talking about huge numbers of people that are infected and may progress to chronic hepatitis C. So, I think every department of corrections needs to start strategic planning and figuring out how they are going to prioritize their patients."

- Lannette C. Linthicum MD, CCHP-A, FACP
Director, Health Services Division,
Texas Dept. of Criminal Justice

Recommendations

Determine True Prevalence of HCV in Corrections

• National study to beter understand the full scope of disease and true treatment costs

• Develop and implement consistent screening across corrections organizations

Manage Costs of HCV Treatment

• Consider system-wide organization to purchase drugs

• 340 b pricing

• Purchasing agreements

• Competitive pricing, declining prices due to more drugs coming on the market

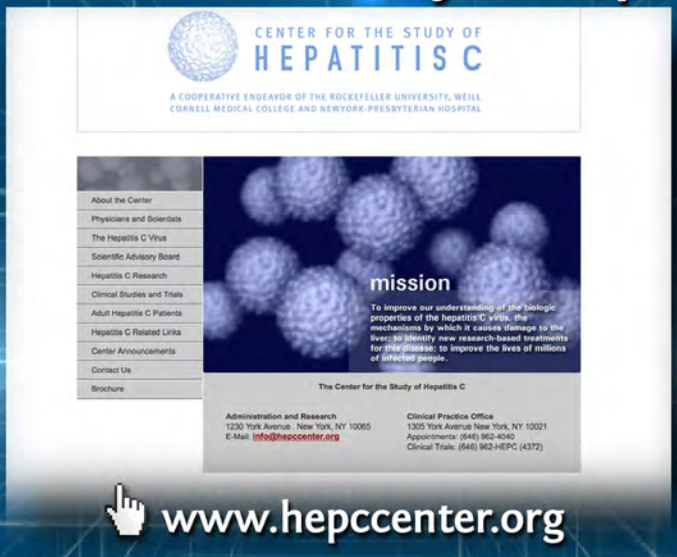
Develop Consistent HCV Treatment Protocols and Models

• Keep up with constant and rapid change in approved pharmaceuticals and new new treatment protocols

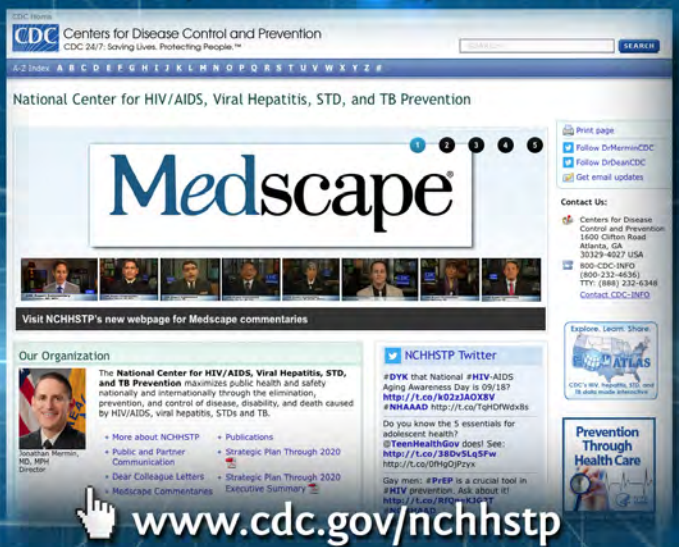
• National corrections HCV guidance group

Resources

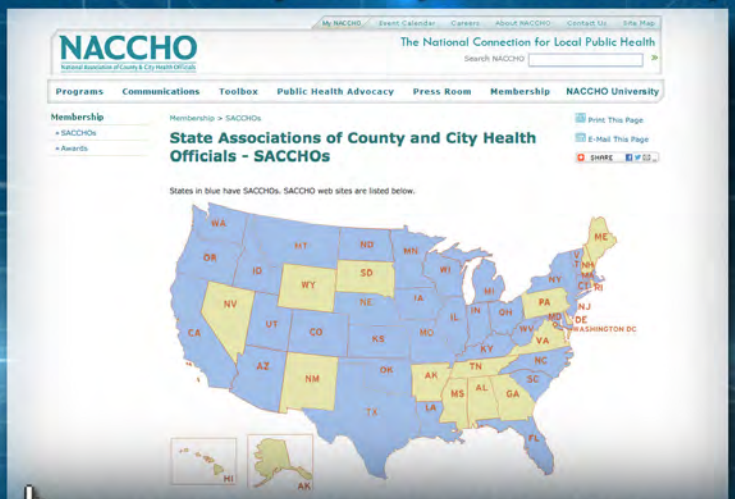
The Center for the Study of Hepatitis C



National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention

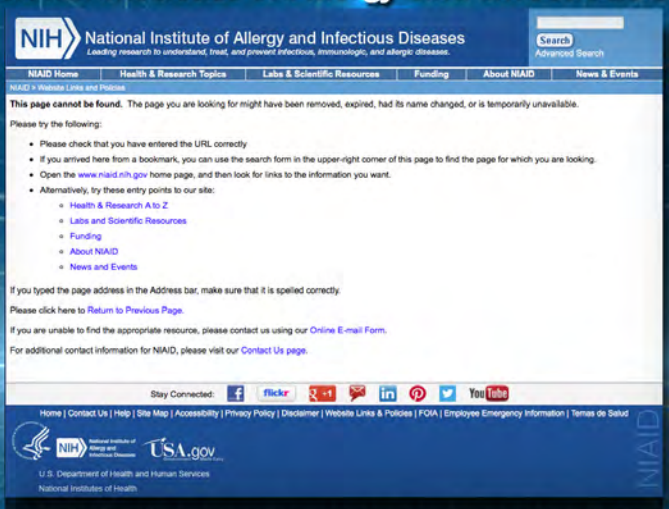


State Association of County and City Health Officials (SACCHOs)



www.naccho.org/membership/saccho/map.cfm

NIH - National Institute of Allergy and Infectious Diseases



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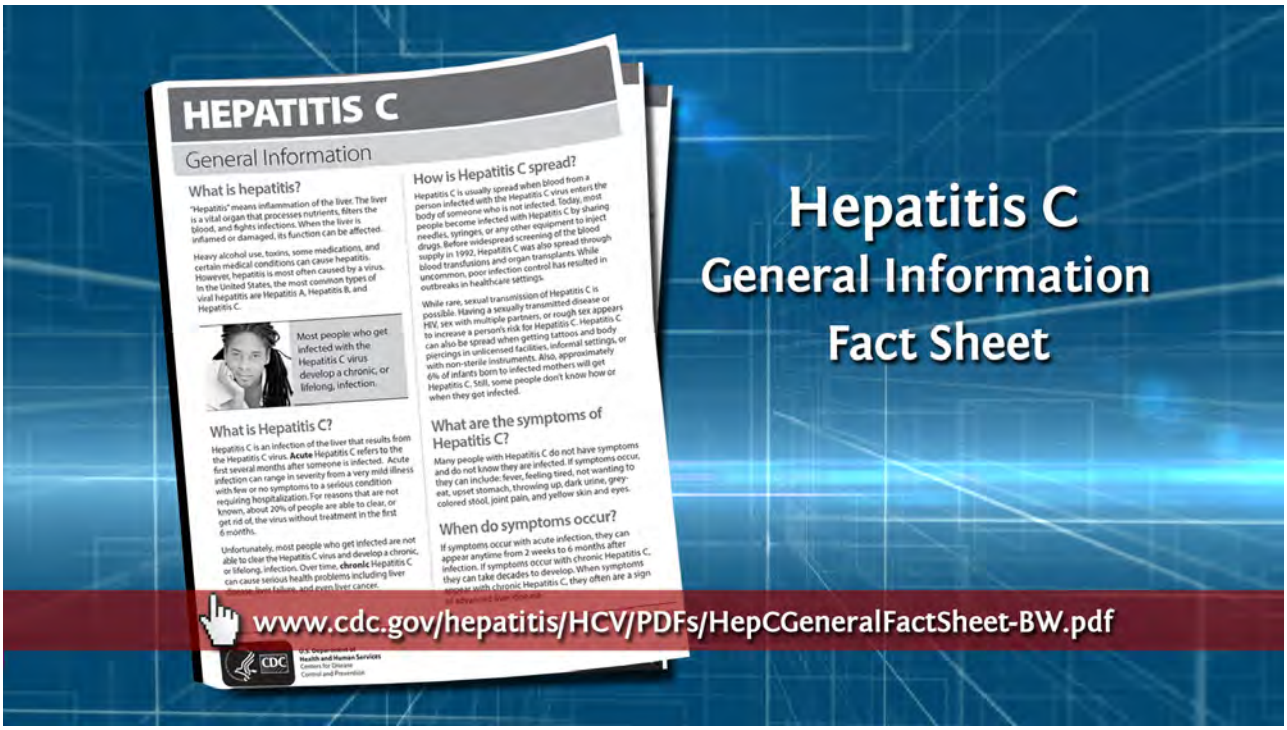
HEPATITIS C
General Information
What is hepatitis?
"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.
Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.
Most people who get infected with the Hepatitis C virus develop a chronic, or lifelong, infection.
What is Hepatitis C?
Hepatitis C is an infection of the liver that results from the Hepatitis C virus. Acute Hepatitis C refers to the first several months after someone is infected. Acute infection can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. For reasons that are not known, about 20% of people are able to clear, or get rid of, the virus without treatment in the first 6 months.
Unfortunately, most people who get infected are not able to clear the Hepatitis C virus and develop a chronic, or lifelong, infection. Over time, chronic Hepatitis C can cause serious health problems including liver
How is Hepatitis C spread?
Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with Hepatitis C by sharing needles, syringes, or any other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was also spread through blood transfusions and organ transplants. While uncommon, poor infection control has resulted in outbreaks in healthcare settings.
While rare, sexual transmission of Hepatitis C is possible. Having a sexually transmitted disease or HIV, sex with multiple partners, or rough sex appears to increase a person's risk for Hepatitis C. Hepatitis C can also be spread when getting tattoos and body piercings in unlicensed facilities, informal settings, or with non-sterile instruments. Also, approximately 6% of infants born to infected mothers will get Hepatitis C. Still, some people don't know how or when they got infected.
What are the symptoms of Hepatitis C?
Many people with Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.
When do symptoms occur?
If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. If symptoms occur with chronic Hepatitis C, they can take decades to develop. When symptoms emerge with chronic Hepatitis C, they often are a sign
Health and Human Services
Centers for Disease Control and Prevention
CDC
Hepatitis C
General Information
Fact Sheet
www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet-BW.pdf

Non-Credit Professional Course Registration

Office of Continuing Education - Extended Campus
300 Senior Hall
Cheney, Wa 99004-2442
Phone: (509) 359-7380 1-800-351-9959
FAX: (509) 359-2220
http://ewu.edu/ce

TOFF
FOR OFFICE USE ONLY

Todays Date: _____ Quarter: _____

Last Name | First Name | Middle Name | Previous Name

Mailing Address | City | State | Zip Code

Email Address (Mandatory to sign into CANVAS) | Daytime Phone Number | Home Phone Number

EWU Student ID Number | Date of Birth (Required)

Do you have any Special Needs? Please specify: _____

Gender: ☐ Male ☐ Female | Are you a resident of Washington? ☐ Yes ☐ No

Have you previously earned credit through EWU? ☐ Yes ☐ No | If yes, when: Quarter Year

Required: What race do you consider yourself? (Check all that apply)

- ☐ White/Caucasian (800)
- ☐ Eskimo (935)
- ☐ Korean (612)
- ☐ Asian Indian (600)
- ☐ Hawaiian (653)
- ☐ Black/African American (870)
- ☐ Aleut (941)
- ☐ Filipino (608)
- ☐ Guamanian (660)
- ☐ Japanese (611)
- ☐ Chinese (605)
- ☐ American Indian (597) Name of Principal or enrolled tribe:
- ☐ Vietnamese (619)
- ☐ Samoan (655)
- ☐ Other Asian or Pacific Islander:

Are you of Spanish/Hispanic origin? (Check all that apply)

- ☐ No, Not of Spanish/Hispanic (999)
- ☐ Yes. Chicano/Chicana (705)
- ☐ Yes. Mexican/Mexican American (722)
- ☐ Other Race: Specify
- ☐ Yes. Cuban (709)
- ☐ Yes. Puerto Rican (727)
- ☐ Yes. Other Spanish/Hispanic: _____ (Specify one group, for example Columbian, etc)

Course Information:

☐ PDU ■ CEU ☐ CE ☐ Clockhours

Event Date(s): September 16, 2015 .3 CEUs

Course Title: NIC Live Internet Broadcast : Hepatitis C in Corrections

Location: Live Internet Broadcast

For Office Use ONLY:
Credited to Participant

Amount: $22.00 Authorized Signature: _____

☐ Visa ☐ Mastercard ☐ Check (payable to EWU)

Account Number | Exp. Date

Eligible taxpayers may claim a tax credit on EWU courses. For more detailed information, please refer to IRS Publication 3064. "Notice 97-60 Education Tax Incentive." For purposes of the new Hope and Lifelong Learning tax credits. Federal Law (Section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security Number. Thank you for your cooperation.

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Office of Continuing Education & Professional Advancement
Credit Course Workshop Evaluation

Workshop: Hepatitis C in Corrections

Agency Goals:_____

Location: Internet Broadcast

Date: September 16, 2015 9:00 am - 12:00 pm

Facilitator: National Institute of Corrections

Originator: EWU

Your feedback is important. It is the basis of our continuous improvement to ensure that programs meet or exceed your expectations. Thank you for taking the time to complete this evaluation.

Response Code

5–Excellent 4–Good 3–Adequate 2–Poor 1-Desire changes

Instructor Effectiveness

Knowledge of subject	5	4	3	2	1
Ability to teach according to the student's level	5	4	3	2	1
Organization of class meeting	5	4	3	2	1
Ability to answer questions	5	4	3	2	1
Ability to encourage participation	5	4	3	2	1

Course Information

Written course objectives met expectations	5	4	3	2	1
Course written materials contributed to learning	5	4	3	2	1

Facilities and General

Comfort of classroom for learning	5	4	3	2	1

Overall

Overall, I rate the learning experience	5	4	3	2	1
I would recommend this course to others	Yes				No

Comments: Suggestions for improvement

THANK YOU