# BROWARD COUNTY HEALTH DEPARTMENT

Division of Communicable Disease
In partnership with

## THE FLORIDA CARIBBEAN AIDS EDUCATION AND TRAINING CENTER

invite you to attend

# GRAND ROUNDS

A Quarterly Educational Event

# "HIV UPDATE - ROUTINIZING HIV TESTING?"

**PRESENTERS:**

**Stephen Bowen, M.D., M.P.H.**
Medical Epidemiologist
Broward County Health Department
-- *"Approaches to population based HIV testing as a base for treatment as prevention."*

**Psyche Doe, B.S.**
Senior Human Services Program Manager
Broward County Health Department
-- *"Broward County's HIV Counseling and Testing Data Trends."*

**Paula A. Eckardt, M.D., AAHIVS**
Medical Director - HIV Program
Memorial Healthcare System
-- *"Emergency Department and Clinic Based HIV Testing - Lessons Learned."*

## THURSDAY, MAY 24, 2012
## 8:30 am to 12 pm

Broward County Health Department
780 SW 24th Street
Fort Lauderdale, FL 33315

This is a free event. Seating is limited, so please pre-register now!

To register, complete and return the attached form to Yvette Rivero, AETC at yrivero@med.miami.edu or fax to (305) 243-1730. For more information, or if you require accommodations for this event, please contact: Patrick Jenkins, Broward County Health Department at patrick_jenkins@doh.state.fl.us or call (954) 467-4700 ext. 5575 no later than 5:00 pm, May 22, 2012.

**CEU's and CME's will be provided.**

Florida/Caribbean AETC
AIDS Education and Training Center
Florida • Puerto Rico • U.S. Virgin Islands

FLORIDA DEPARTMENT OF HEALTH
Broward County Health Department

**For more information call**
**(954) 467-4700 or visit our website at browardchd.org**
Broward County Health Department is an equal opportunity provider.

# Participant Registration & Information

First Name _____

Last Name _____

Title_____

Organization: _____ _____

Street Address_____

City:_____State_____Zip:_____

Telephone:_____Fax #:_____

E-mail required for confirmation:_____

Website (optional)_____

## Demographic Information – (Optional)

**Gender:** Female ☐ Male ☐ Transgender ☐

Age: Under 20 ☐ 20-24 ☐ 25-34 ☐ 35-44 ☐

45-54 ☐ 55-64 ☐ 65+ ☐

## Ethnicity: Check all that apply – (Optional)

☐ African-American/Black
☐ Asian
☐ Caucasian
☐ Latina/o or Hispanic
☐ Native American/Alaskan Native
☐ Native Hawaiian/Pacific Islander
☐ Other: _____

## Provider Identification:

☐ Physician
☐ Physician Assistant
☐ Nurse
☐ Nurse Practitioner
☐ Medical Support Staff
☐ Case Manager
☐ Social Worker
☐ School Nurse
☐ Guidance Counselor
☐ Other

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