



Targeted Outreach Education Project

Kansas AIDS Education and Training Center

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The mission of the KAETC is to educate primary and mental health care providers about HIV infection, including prevention, diagnosis, treatment, and psychosocial issues.

We:

- provide timely updates to health care professionals on treatment and care issues for HIV-infected clients
- provide information about HIV/AIDS programs and resources
- serve as a resource for providers and health professions' schools
- provide intensive clinical training
- serve Physicians (primary care, psychiatrists, other specialists), Dentists, Dental Health Professionals, Emergency Medical Personnel, Nurse Practitioners, Nurses, Pharmacists, Physician Assistants, Faculty, Students, and staff in Health Professions' Schools

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Targeted Outreach Education Project

We know that it is often difficult for you as health care providers to be out of your office for extended periods of time, and/or to travel long distances to attend educational programs. The **Targeted Outreach Education Project (TOEP)** was developed as a way for **you** to get the education you want and need, but **we** do the traveling!

These individualized, “targeted” programs will include (but not be limited to) the basic science and epidemiology of HIV/AIDS; the most current updates on antiretroviral treatment and guidelines; discussions about the need for routine HIV testing, changes in testing theory and methodology, and the CDC’s national HIV testing recommendations initiative. Secondary aspects of TOEP are to distribute the newest educational materials and resources on the various aspects of HIV infection, and to conduct an ongoing statewide educational needs assessment related to HIV and AIDS issues.

TOEP programs are usually 1, 1-1/2, or 2 hour presentations with PowerPoint, discussion, and Q & A segments. They are done at your site, or an alternate site you designate (restaurant, other meeting space, etc). KAETC educators will present the program for your staff exclusively, or you may invite other area health care providers to join you (we are very flexible as to size, location, and time of day!). A **meal** will be served with each program, and through a collaborative effort with the Kansas Area Health Education Centers (AHECs) and other state regulatory boards, **continuing education credits** are available for physicians, physician assistants, nurses and nurse practitioners, pharmacists, and dental professionals (all others will receive a certificate of participation to be used as needed). And the best part—the program is **free of charge** to all sites and participants!

What we ask of TOEP participants:

- * Help us garner interest among your staff (and any other participants)
- * Agree to complete the needs assessment and program evaluation
- * Agree to complete a short follow up survey about 30 days after the program

One final note - -even if you have had a TOEP program in the past, you may request another one! New and important developments have occurred recently, and it is a great way to keep staff updated on the changes.

YES! We would like to be a part of the
KAETC Targeted Outreach Education Project!

We have _____ people in our
office that would like to participate
(how many of each discipline) :

- _____ Physicians
- _____ Nurses
- _____ Nurse Practitioners
- _____ Physician Assistants
- _____ Pharmacists
- _____ Dentists
- _____ Dental Hygenists
- _____ Mental Health Providers
- _____ Office Personnel
- _____ Others

The best time for KAETC to come
to our office is:

- ___ Breakfast (time: _____)
- ___ Lunch (time: _____)
- ___ Dinner (time: _____)
- ___ Saturday (time: _____)
- ___ Sunday (time: _____)

___ We would prefer to have a
program that is:

- __ 1 hour __ 1-1/2 hours
- __ 2 hours

FY08

(Please go to www.kaetc.org/toep_form.html and complete the application on
line. You may also complete this form and detach at perforation; fax to the number
on the front, or fold, staple, and mail to the address on the front. Thank you!)

Practice Name _____

Contact Person _____

Address _____

City, Zip Code _____

Phone _____ Fax _____

*E-Mail _____