

PUBLIC HEALTH NURSING AND PROFESSIONAL DEVELOPMENT (PHNPD)

Activity Title: 2007 FALL STD UPDATE

Date: DEC 11, 2007 Location: TELECONFERENCE Activity #: _____

Continuing Education Disclosures

Participants must attend the entire session in order to earn contact hour credit. Verification of participation will be noted by signature on the roster. No influential financial relationships have been disclosed by planners or presenters which would influence the planning of this activity. If any arise, an announcement will be made at the beginning of the session. No commercial support has influenced the planning of the educational objectives and content of this event. Any commercial support will be used for events that are not CE related. There is no endorsement of any product by NCNA or ANCC associated with this session. No session relates to products governed by the Food and Drug Administration. If it did, appropriate and off-label use will be shared.

I. Please rate the effectiveness of this continuing nursing education activity.

| Objectives Achieved | Excellent | Good | Fair | Poor |
|--|-----------|------|------|------|
| Objective Provide data and information to reconcile NC GC treatment protocol with CDC 2006 treatment guidelines. | | | | |
| Objective Clarify policy regarding herpes testing, treatment and billing. | | | | |
| Objective Provide information on current procedures for UNC follow-up of Acute HIV infection. | | | | |
| Objective Provide initial data on new criteria for chlamydia screening in NC. | | | | |
| Objective Provide guidelines for compliance with changes in the law. | | | | |
| Objective Discuss issues generating ongoing questions regarding RN recertification. | | | | |
| Objective Provide information regarding online and other Branch resources. | | | | |

II. Please rate the audiovisuals/handouts used for this workshop.

| Excellent | Good | Fair | Poor |
|-----------|------|------|------|
| | | | |

III. Please evaluate the expertise of each presenter individually.

| Presenter(s) Add rows if needed for more presenter(s) names. | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Peter Leone, MD | | | | |
| Joann Kuruc, RN | | | | |
| Ron Higginbotham | | | | |
| Pete Moore | | | | |
| Margot Corrigan, RN | | | | |
| Mary Noel Dodd | | | | |
| Rick Hedenquist | | | | |

IV. Please evaluate the physical environment where the workshop was held:

| Excellent | Good | Fair | Poor |
|-----------|------|------|------|
| | | | |

V. How do you plan to use this information in your practice setting?

VI. General comments and/or suggestions: