TB UPDATE & TUBERCULIN SKIN TEST CERTIFICATION

SKILLS VALIDATION RENEWAL FORM

(Frequency of Renewal: Every Two Years From Date of Initial Training)

1. View the CDC Tuberculin Skin Testing (Mantoux) video, current version. Date of version_____

2. Review a copy of the **Georgia TB Reference Guide**, current year. Date of current version_____.

3. **Attach a copy of your last certificate**.

Name:_____

Mailing Address:
(street, city, state, zip)_____

If course taken **online**, which training site did you access? **EXCEED**_____ **DPH website**:_____

Date of Initial Training		**Location Initial Class (Live)**		**Initial Class Instructor (Live)**	

Please check:

☐ MD ☐ PA ☐ NP ☐ RN ☐ LPN ☐ Paraprofessional ☐ Epidemiologist ☐ Outreach Worker/CDS ☐ Administrative
☐ Other (specify)_____

Please check type of facility:

☐ Health Department	☐ Physician's Office	☐ County or City Jail
☐ Hospital	☐ Out Patient Clinic	☐ Federal Prison
☐ Nursing Home	☐ Personal Care Home	☐ State DOC
☐ Mental Health	☐ HIV/AIDS affiliation	☐ Juvenile Detention
☐ Hospice	☐ Community Based Organization	☐ Other _____
☐ Substance Abuse	☐ Shelter	
☐ Home Health	☐ School	

Employer:_____

Position:_____

Employer address:_____

City:_____ State:_____ Zip:_____

Work Phone:_____ Fax:_____ Home Phone:_____

Email:_____

Date of TST Administration	Signature/ phone # of Person Observing & Verifying Competency	Check if competent	**Date of TST Reading**	Signature/ phone # of Person Observing & Verifying Competency	Check if competent

Please scan and e-mail checklist to: TBNurse@dph.ga.gov

- **KEEP COPY FOR YOUR RECORDS!** For more information, call (404) 657-2634. (Rev. 09/2020)