

Melissa Napierkowski
Mini-Residency Coordinator
ID Division
725 Irving Ave, Suite 304
Syracuse, NY 13210

SYRACUSE, NEW YORK

Introductory
& Advanced
Clinical
Training
Programs
for
**Nurse
Practitioners
& Registered
Nurses in
Community &
Correctional
Healthcare
Settings**

**One to Five Day
Mini-Residencies:
Program dates
tailored to your
availability**



AIDS PROGRAM

Curriculum

The program consists of:

- Clinical evaluation and monitoring of asymptomatic HIV positive patients to include physical examination and laboratory findings
- Clinical evaluation of symptomatic HIV positive patients to include treatment recommendations and referrals
- Didactic lectures

Instruction occurs in inpatient and outpatient clinics at SUNY Upstate Medical University. Participants will receive a certificate upon successful completion of the program.

Learning Objectives

At the conclusion of this training program, participants should be able to:

1. Discuss specialty care and treatment of HIV infected persons.
2. Recognize the early signs and symptoms of HIV disease to improve early diagnosis of infected persons.
3. Understand the functioning of an HIV care team.

Travel

Transportation, lodging and a food stipend may be available. The Mini-Residency Coordinator will discuss travel needs with the applicant upon his/her acceptance.

For information on other HIV clinical education programs available through SUNY Upstate Medical University, contact the Education Unit at (315) 464-7313 or napierkm@upstate.edu



SUNY Upstate Medical University

SYRACUSE, NY

Trains nurse practitioners
and registered nurses

• Didactic Module

(4-12 HOURS):

Adherence
Antiretroviral Therapy
Drug-Drug Interactions
Early Identification of HIV Infection
Guidelines for Post-Exposure Prophylaxis
Following Sexual Assault &
Occupational Exposure
Hepatitis C
HIV & Mental Health
Long-term Complications of HIV
Metabolic Complications of HIV
Resistance Testing
Virology
Women & HIV

**Other HIV topics available based on
training needs**

• Clinical Module

(4-28 HOURS):

AIDS Program inpatient and
outpatient clinics

Acknowledgement

The HIV Mini-Residency is funded by the New York/New Jersey AIDS Education and Training Center (NY/NJ AETC) through the Health Resources and Services Administration.

Accreditation

This Educational Design I activity is co-sponsored by the Institute for Continuing Nursing Education at the SUNY Upstate Medical University at Syracuse which has been approved as a provider of continuing nursing education by the New York State Nurses Association's Council on Continuing Education which is accredited by the American Nurses' Credentialing Center's Commission on Accreditation.

Philosophy

Through the NY/NJ AETC, Albany Medical Center AIDS Program (AMCAP) collaborates with the upstate academic medical centers in Syracuse, Rochester, and Buffalo to provide HIV Mini-Residencies. The mission of the NY/NJ AETC is to assist healthcare professionals through education and training to provide the highest quality healthcare to HIV infected persons, as well as provide information targeted to the prevention of HIV infection and provide access to current research and treatment of HIV/AIDS.

AMCAP has been collaborating with the upstate academic medical centers to provide hands-on training opportunities to healthcare providers since 1991.



APPLICATION FORM

Name (first/last): _____

Please specify your discipline (limited to these professions): Nurse Practitioner Registered Nurse

Affiliation (specify if a correctional facility): _____

Street Address: _____

City/State: _____ Zip: _____

Daytime Phone: () _____ Fax: () _____

E-mail (if applicable/accessed regularly): _____

How many days are you available to train? 1 2 3 4 5

Giving 6-8 weeks notice, please give your date preference for a training period. If you plan to divide training days, outline your date preferences using an additional sheet of paper if needed

_____ First Choice _____ Second Choice

START & END DATES

START & END DATES

From the list of didactic topics on the other page, write your top 5 lecture preferences in the space provided:

1. _____ 4. _____

2. _____ 5. _____

3. _____

If you have received HIV training within the past 2 years, please indicate what type (select all that apply):

Preceptorship Seminar and lecture Self-study

Other _____ Have not received training

What skills do you hope to develop during this training? _____

Please fax or mail this completed form to the contact to the right. Prior to an acceptance letter being generated, we will need the following documents:

- Copy of your license
- Copy of your registration (current)
- Copy of your curriculum vitae
- Letter from a healthcare provider (within the last year) which documents:
 - ▶ Your name
 - ▶ Immunity to Rubella
 - ▶ A recent PPD indicating either a negative or positive result. If positive, documentation you have received treatment and are not considered contagious

Please return application to:

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Questions? Phone: (315) 464-7313
Fax: (315) 464-5579
E-mail: napierkm@upstate.edu