



Blended Training on Solid TB Culture

SECTION I: COURSE INFORMATION

OBJECTIVES:

To equip Medical Technologists of TB Culture laboratories with the knowledge and skills in performing Solid TB Culture

METHODOLOGY

- Online lecture discussions
- Online exercises (filling out of lab registry, workbooks, report forms, etc.)
- Video demonstration (culture processing, subculture and identification)
- Laboratory competency (solid TB culture processing)
- Written examination (pretest, posttest)
- Plenary sessions

CRITERIA FOR THE SELECTION OF PARTICIPANT

*A **licensed Medical Technologist** who has the following:*

- Assigned to a TB Culture laboratory certified by NTRL
- Previously been mentored by a trained staff on TB culture processing
- Passed **Training on Basic TB Microscopy (DSSM)** on a NTRL certified training course
- Staff should perform all the expected roles and functions for at least one year after passing the training course

EXPECTED ROLES AND FUNCTIONS AFTER TRAINING

The trained staff on Solid TB Culture shall do the following:

- Receive and process eligible specimens for TB Culture in accordance to the NTP Policy.
- Ensure timely release of results to requesting facilities.
- Report accomplishments for TB Culture using forms in accordance to NTP guidelines to the next higher level following NTP procedures.
- Shall adhere to Infection Control, Biosafety, Biosecurity and Waste Management practices based on national standards in accordance to NTP guidelines.
- Shall forecast and request quarterly needs of supplies from DOH- CHD using forms in accordance to NTP guidelines.
- Ensure reliability to test results by performing Quality Control.
- Maintain all records in accordance to NTP policies and procedures.



SECTION II: APPLICATION FORM

Please write legibly in **UPPERCASE/BLOCK** letters.

1. Applicant Information

Surname:

First Name:

Middle Name:

Suffix (Jr., Sr., III): Sex: Male ☐ Female ☐

Home Address:

(House No.)

(Street Name)

(Barangay Name)

(Municipality/City)

(Province)

(Region)

(Zip Code)

Mobile No.: E-mail add.:

Date of Birth: Civil Status:

Profession: Year Graduated:

2. Work information

Name of Facility:

Facility Address:

(Street Name)

(Barangay Name)

(Municipality/City)

(Province)

(Region)

(Zip Code)

Tel. No.: Mobile No.:

E-mail add.: Fax No.:

Current Position (Job Title):

Status of Appointment: ☐ Regular ☐ Contractual ☐ Job order ☐ Others, pls. specify:

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Are you the designated point person for TB Culture in your facility?

☐ **Yes** (If yes, indicate name of staff previously trained)

☐ **No** (Indicate purpose of training application)

3. Immediate Supervisor/Head of Facility:

Name:

Designation: Profession:

Telephone No.: Mobile No.:

Fax No.: E-mail add.:



4. Trainings Attended on TB

TITLE OF TRAINING	DATE CONDUCTED	PLACE CONDUCTED

SUBMITTED BY:

(Signature over Printed Name)
Applicant

(mm/dd/yyyy)
Date

ENDORSED BY:

(Signature over Printed Name)
Immediate Supervisor/Head of Facility

(mm/dd/yyyy)
Date

SECTION III: PROCESS OF SELECTION AND ACCEPTANCE OF PARTICIPANTS

1. This form should be completely filled-up by the nominee. Failure to provide all of the above requested information may result in the rejection of your application.
2. The accomplished nomination form should be submitted to the RITM Learning and Development Information System.
3. The NTRL – Learning and Development Section will notify you of the status of your training application within three (3) working days.
4. For other concerns, please contact **Louis Andrew Olazo** at **tdu.ntrl@gmail.com** or Tel. Nos. **(632) 807 26 28 local 108**.