

# 2016 LRN WORKSHOP



PRESENTED BY THE TENNESSEE DEPARTMENT OF HEALTH

## WORKSHOP TOPICS

- ◆ CARBAPENEM-RESISTANT ENTEROBACTERIACEAE
- ◆ BIORISK
- ◆ SELECT AGENT RULE-OUTS
- ◆ QUALITY ASSESSMENT AND QUALITY CONTROL
- ◆ PRIVATE DRINKING WATER QUALITY
- ◆ UPDATES ON EMERGING INFECTIOUS DISEASES

## COURSE DESCRIPTION

The Laboratory Response Network (LRN) workshop is a full day course that covers a variety of topics. This year's topics were specially selected from the many suggestions made by laboratorians all across the state.

As the course has been designed for Clinical Laboratory Scientists who work in Tennessee, they are given admission preference.

*Brought to you at NO CHARGE by the  
Public Health Emergency Preparedness Grant*

*Earn 6 hours of Continuing Education Credit for licensure*

*Presented 8:30 AM - 4:00 PM Local Time*

WEDNESDAY

**JUNE 29**

**MEMPHIS**

ST. FRANCIS HOSPITAL

THURSDAY

**JULY 14**

**COOKEVILLE**

UPPER CUMBERLAND  
REGIONAL OFFICE

WEDNESDAY

**AUGUST 10**

**KNOXVILLE**

NORTH KNOXVILLE  
MEDICAL CENTER

WEDNESDAY

**AUGUST 31**

**NASHVILLE**

MID-CUMBERLAND  
REGIONAL OFFICE

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF LABORATORY SERVICES



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Please Note: Your e-mail address is used to track your application and participation in the workshop. Be sure to use the same e-mail address in all forms relating to your workshop participation. This e-mail will also be our primary means of communication with you. If you do not have an e-mail address, please provide a telephone number at which you may be reached during weekday business hours.

Please provide the requested information, fill out the application clearly and mail or fax to the information above. You may also e-mail the scanned form to: [labworkshopapps.health@tn.gov](mailto:labworkshopapps.health@tn.gov)

## Applicant Information

Please Print Legibly

\*Required Fields

*Name (First & Last):			*Work E-Mail Address:
			Personal E-Mail Address :
*Facility Name (Please Spell Out):			*Work Phone Number:
Facility Address:			Personal Phone Number:
Number	Street	Suite #	*What is Your Job Title?
City	State	Zip Code	*MT/MLT TN State License Number:

Select One Date from the Classes/Locations Below:

Wed, June 29

Memphis

Thurs, July 14

Cookeville

Wed, Aug 10

Knoxville

Wed, Aug 31

Nashville