

New LHD STI Provider Orientation Form

This document provides orientation information for new STI medical providers in local health departments/districts (LHD). These requirements are referenced in the NC Division of Public Health Agreement Addendum 536. After completing the series of online courses, please file a copy of the certificates of completion for your records.

If your LHD has an experienced STI Clinician* available for your practical portion of the orientation, you will do at least one observation of a STI Clinical exam for both a male and female patient. Then you will perform at least one STI Clinical exam for both a male and female patient under the observation of the experienced STI Clinician*. If you do not have an experienced clinician at your LHD, you will need to arrange an on-site day in Greensboro NC with an Advanced Practice Provider or Physician under contract with the Prevention Training Center. Please let TATP know if you need to arrange this on-site experience in Greensboro.

Once you have completed all online and practical portions of the orientation, please provide a copy of your online certificates along with this completed and signed form to Carol Lynn Rose, MSN, RN, CPHN, PHNA-BC, TATP Regional Nurse Supervisor via the following email address: carol.rose@dhhs.nc.gov.

Name and Credentials of New Provider: _____

New Provider date of employment: _____

Date Completed	National STD Curriculum Online Courses: https://www.std.uw.edu/
	Chlamydia
	Gonorrhea
	Herpes Simplex Virus (HSV)
	Human Papillomavirus (HPV)
	Pelvic Inflammatory Disease (PID)
	Syphilis
	Vaginitis
	Mpox
	Mycoplasma Genitalium
Date Completed	Observations**: observe an experienced STI Clinician* conduct a STI Clinical exam
	Male patient, must include components of a MSM exam
	Female patient

Date Completed	Assessments** : new clinician performs STI Clinical exams under observation of an experienced STI Clinician*
	Male patient, must include components of MSM exam
	Female patient

I certify by my signature below I have completed all online courses and clinical experiences.

Printed name and Licensed Credentials of new STI provider

Signature and Licensed Credentials

Date

I certify I am an experienced STI clinician and have observed the New Provider named above.

Printed name and Licensed Credentials of experienced STI provider

Signature and Licensed Credentials

Date

Agency Name / County

**Experienced STI clinicians include: Prevention Training Center STI Clinician (onsite in Greensboro) OR Local Health Department physicians, APPs, and STD ERRNs with at least three years of STI clinical experience in an LHD.*

***To ensure all exam components are covered, use "Clinical Skills Assessment" forms located on the STD Manual at*

<https://epi.dph.ncdhhs.gov/cd/lhds/manuals/std/agreement.html>