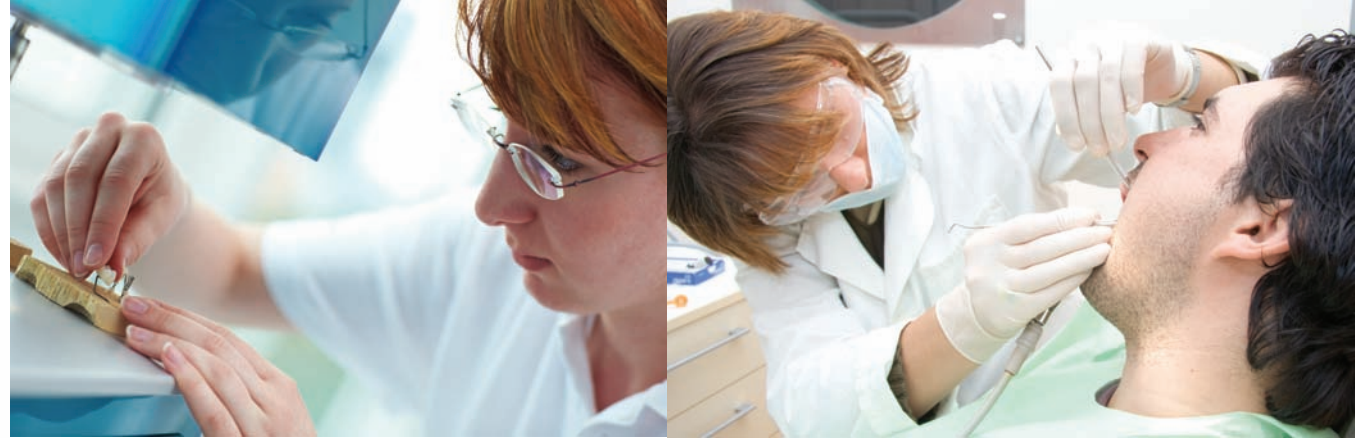




# HIV Trainings and Preceptorships for Oral Health Practitioners



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## Oral Health Preceptorship

Providers can attend full or multi-day programs at dental schools and hospitals where they will observe faculty providing direct oral health care and/or HIV primary care services to patients in clinic settings. Management of specific cases is discussed in detail.

Educational programs are also available for faculty development in dental and dental hygiene schools, dental study clubs, dental societies and community health centers throughout New York and New Jersey.

We work directly with the organization to design and present programs tailored to faculty and practitioner needs. Length of the programs varies, generally ranging from a one-hour presentation to a multi-day training course.

AIDS Institute  
NYS Department of Health

## Additional Information

Howard Lavigne, Program Director  
315-477-8479  
[Hel01@health.state.ny.us](mailto:Hel01@health.state.ny.us)

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Additional information on the AIDS Institute's AETC activities or the NY/NJ AETC, please log onto the NY/NJ AETC website at [www.nynjaetc.org](http://www.nynjaetc.org)  
In the programs tab, select Oral Health.





## AIDS Institute

The New York State Department of Health—AIDS Institute, a Regional Resource Center for Oral Health of the NY/NJ AETC, has an overall goal to train dental practitioners to recognize early signs and symptoms of HIV infection and manage all aspects of the patients’ oral health needs.

## HIV and Oral Health Topics and Trainings

Programs include didactic presentations, interactive workshops, on-site consultations and clinical preceptorships.

## Topics Include:

- Medical Overview and Update on HIV Disease
- HIV Co-Morbidities and the Impact on Oral Health Care Delivery
- Infection Control and Post-Exposure Prophylaxis in the Dental Setting
- Oral Manifestations of HIV Disease
- Oral Pathology
- Treatment Planning for the Patient with HIV Disease
- HIV Risk Assessment
- Legal Issues and HIV
- Other Topics



# Preceptorship Application

Name (First/Last) \_\_\_\_\_

Please specify your discipline (limited to these professions):  Dentist  Dental Hygienist

Affiliation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

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

Giving 6 to 8 weeks notice, please give your date preference for a training period.

First Choice (Start /End Date) \_\_\_\_\_ Second Choice (Start /End Date) \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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  Have not received training

Other: \_\_\_\_\_

What skills do you hope to develop during this training? \_\_\_\_\_

\_\_\_\_\_

Please return the application, a copy of your state registration certificate and a copy of your curriculum vitae/resume to:  
Howard Lavigne, Program Director; NYS Department of Health, 217 S. Salina Street, Syracuse, NY 13202  
Phone: (315) 477-8479; Fax: (315) 477-8581; Email: [hel01@health.state.ny.us](mailto:hel01@health.state.ny.us)