HIV Trainings and Preceptorships for Oral Health Practitioners

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
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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

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) 477-8478; Fax: (315) 477-8581; Email: hel01@health.state.ny.us