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**North Carolina HIV/AIDS Training Center**  
**(a Division of the Southeast AIDS Training and Education Center)**  
**and**  
**Area L AHEC**

## **Do You Hear What I Hear?: Promoting Health Literacy to Build Adherence and Promote Safer Sex**

**TIME – 9:00 a.m. – 4:00 p.m.**

**DATES AND LOCATIONS:**

**JUNE 26, 2007 – WILMINGTON**  
**JUNE 27, 2007 – RALEIGH**  
**JULY 10, 2007 – CHARLOTTE**  
**JULY 11, 2007 - ASHEVILLE**

**FACULTY: Jim L. Sacco, MSW**  
**Consultant/Educator**  
**Atlanta, Georgia**

**Susan Gallego, MSSW, LCSW**  
**Consultant**  
**Austin, Texas**

**PURPOSE:** This workshop will use Motivational Interviewing as a counseling framework to explore behavior change strategies for healthcare professionals working with consumers with HIV/AIDS. It will build on the body of knowledge related to effective health education and communication skills referred to as health literacy. The focus will be on skills building activity and experimental learning aimed at building providers' competence at managing predictable and difficult practices.

**TARGET AUDIENCE:** This workshop is designed for nurse practitioners, nurses, social workers and health educators. If space allows, it will be open to chaplains and psychologists as well. If you wish to register an entire care team, please inform us at the time of registration so we can reserve space.

**CREDIT:**

**CEU – 5.0 CEU's.** Area L AHEC has been reviewed and approved as a Certified Provider of continuing education and training programs by the International Association for Continuing Education and Training.

**CNE – 5.0 Continuing Nursing Education (CNE) hours.** Area L AHEC is approved as a provider of continuing education in nursing by North Carolina Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.


**CHES – N.C. AHEC Program** is a designated provider of Certified Health Education Specialist (**CHES**) credits by the National Commission for Health Education Credentialing, Inc. (NCHEC). This program is approved for **5.0** contact hours (Category 1) in health education.



**REGISTRATION: \$25.00**

**REFUND POLICY:** Participants who cancel will receive a refund for the amount they have paid less 30%, which must be kept to defray handling costs. Substitutes are generally accepted. Unforeseen circumstances may necessitate speaker substitution or program cancellation. If Area L AHEC cancels the program, all registrants will be notified and refunds will be given as appropriate.

**FOR FURTHER INFORMATION, PLEASE CONTACT:** Alice J. Schenall, MPH, CHES, RHEd, Director-Allied, Dental, and Public Health Education, or Brenda Boykin, Program Faculty Assistant, Area L AHEC, (252) 972-6958.

 **NOTE:** If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact Brenda Boykin by phone at (252) 972-6958 or by fax at (252) 972-0419.



## REGISTRATION FORM

### Do You Hear What I Hear?: Promoting Health Literacy to Build Adherence and Promote Safer Sex

(Please duplicate for multiple registrations)

NOTE: You must complete this registration form in its entirety to confirm your registration.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Degree: \_\_\_\_\_

Discipline:(Circle only one) Mental Health Health Careers Medicine Nursing Pharmacy Public Health Allied Health Other: \_\_\_\_\_

Specialty/Position: \_\_\_\_\_ Employer: \_\_\_\_\_ Dept. or Section: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Prefer Mail at: \_\_\_\_\_ Office or \_\_\_\_\_ Home

Type Credit Requested: CEU ( ) CNE ( ) CHES ( )

Detach this portion and mail with a check made payable to Area L AHEC to:

Attention: Registration  
Area L AHEC  
Post Office Drawer 7368  
Rocky Mount, NC 27804-0368  
Telephone: (252) 972-6958  
Fax: (252) 972-0419

Visit us at [www.arealahec.dst.nc.us](http://www.arealahec.dst.nc.us)

Discipline: \_\_\_\_\_ Interdisciplinary

Registration Fee: \$25.00

Amount Enclosed: \$ \_\_\_\_\_

Payment By: \_\_\_\_\_ Individual \_\_\_\_\_ Agency

Signature: \_\_\_\_\_

I am registering for (Please check the day you will be attending.):

June 26, 2007 in Wilmington – Event #20706 \_\_\_\_\_ July 10, 2007 in Charlotte – Event #20708 \_\_\_\_\_

June 27, 2007 in Raleigh – Event # 20707 \_\_\_\_\_ July 11, 2007 in Asheville – Event #20710 \_\_\_\_\_

Registration for this program via mail, fax, or phone acknowledges your responsibility of payment.