

Utah Department of Health

PO Box 142104 Salt Lake City, UT 84114 Voice: 801/538-6096 FAX: 801/538-9913

HIV Counseling & Testing - Training Application 2010

CONTACT INFORMATION

Applicant name	_____				
Mailing address	_____				
City	_____	State	<input type="text"/> <input type="text"/>	ZIP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	_____	@	_____	.	_____
Best number to contact you	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FAX	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Agency affiliation	_____			<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer
Primary language	_____		Fluent languages	_____	

LETTER OF INTENT (please describe where and how you will apply the skills learned in this course, use back if needed)

APPLICANT CONSENT

Current HIV Prevention contractors will be given priority for available training slots.

The applicant will receive an official confirmation to attend or decline to attend notification. Class may be cancelled at the discretion of the instructor. A reasonable effort will be made to provide notification to each confirmed participant.

Class will begin promptly each day at the designated hour.

Applicants must sign State of Utah Confidentiality Agreement and attend the full course to receive their certification.

There are scheduled breaks and a lunch hour each day. Applicants are responsible for all expenses incurred during the course, which may include but are not limited to: travel, hotel & motel and meal expenses.

My signature indicates that I have read, understood and will abide by these guidelines.

Signature _____ Date _____

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Applicant name _____

Cursos disponibles en Español, por favor llame por disponibilidad.

Fundamentals of HIV Prevention Counseling	HIV+, Partner Services & Rapid HIV Testing
<p>COURSE Fundamentals of HIV Prevention Counseling (HPP)</p> <p>SCHEDULE Day one: 1:00 P.M. - 5:00 P.M. Day two & three: 8:00 A.M. - 5:00 P.M.</p> <p>(select one) <input type="checkbox"/> January 5-7, 2010 <input type="checkbox"/> May 4-6, 2010 <input type="checkbox"/> September 7-9, 2010</p> <p>OTHER DATES NOT LISTED ABOVE Please <input type="checkbox"/> _____ Indicate Date and Location _____</p> <p>This 20-hour course provides information about HIV/AIDS STD's, tuberculosis, hepatitis A, B & C, risk reduction & prevention, HIV testing technology and accuracy, the basics of client centered counseling skills and multiple role play sessions to practice those skills.</p> <p>After completion the participant should be able to conduct a pre-test HIV risk assessment counseling session and post-test HIV negative counseling session.</p> <p>PRE-REQUISITE none</p>	<p>COURSE HPP: Issues of Clients Who Test Positive, Partner Services, and Rapid HIV Testing</p> <p>SCHEDULE Day one, two and three 8:30 A.M. - 4:30 P.M.</p> <p>(select one) <input type="checkbox"/> March 23-25, 2010 <input type="checkbox"/> June 1-3, 2010 <input type="checkbox"/> October 5-7, 2010</p> <p>OTHER DATES NOT LISTED ABOVE Please <input type="checkbox"/> _____ Indicate Date and Location _____</p> <p>This 24-hour course discusses the unique needs of clients who test positive, effective methods used to collect partner information, how to make effective referrals and rapid HIV testing administration and quality assurance standards.</p> <p>After completion the participant should be able to conduct a post-test HIV positive counseling session, elicit partner information, make referrals and maintain quality assurance standards for rapid HIV testing.</p> <p>PRE-REQUISITE Current certification in the Fundamentals of HIV Prevention Counseling + 6 sessions Agency Authorization (see below)</p>

Agency Authorization

We authorize the applicant listed above to attend the HIV+, Partner Services and Rapid HIV Testing course.

Signature & Date _____

Print Name & Title _____

FAX your completed application to:
801/538-9913
ATTN: Terry Hansen