

MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH
DHWDC-HAPIS
FAX: 313-456-4427
Attn: Vicki Berlin
Questions: 313-456-1040

Contact Vicki Berlin if you have not
received a confirmation letter within five
days of the start of training.

HIV MODULE TRAINING APPLICATION FORM

Complete this form to register for module 1, module 2, or module 3 for
community-based organizations.

Please **PRINT** clearly or type. Fill out a separate application form for each person and each training. If you are applying for Module 3 training, please print application after completion, have supervisor sign and fax to above number.

Date(s) of training for which you are applying:

Location of training for which you are applying:

Name of training for which you are applying:

Please indicate if you will be requesting contact hours: Nursing

NOTE: To apply for a Module 2 or Module 3 for community-based organizations training, successful completion of the previous Module in the series is required; however, you do not have to wait to register for the next training in the series. If applying for Module 2 training, please provide the date and location of the Module 1 training you successfully completed. Similarly, if applying for Module 3 training, please provide the date and location of the Module 2 training you completed.

Date: Location:

Name:

Position:

Agency:

Agency Address:

Preferred Mailing Address:

Phone:

Fax:

E-mail address:

Supervisor's name:

Supervisor's Phone:

If applicant is applying for Module 3 training, I confirm that this employee/volunteer will be providing HIV antibody testing or will be doing case management through my agency.

Supervisor's Signature: _____ Date _____

Note: Applications that are not completely filled out will be returned. Applications for each training will be reviewed at the time of the application deadline for that training. Priority for acceptance into trainings is based on agency contracts with DHWDC/HAPIS, job position of applicant and available space.

Mail or fax applications for the HIV Prevention/Test Counselor Trainings to:
**Vicki Berlin, MDCH/DHWDC, Cadillac Square,
3056 W. Grand Blvd Suite 3-150, Detroit, MI 48202.
Fax: (313) 456-4427. Phone: (313) 456-1040.**