

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

-Administrative Use Only-

HIV UPDATE DOCUMENTATION FORM

Do not use this form to register for HAPIS training events.
Use "HIV Module Training Application Form"

Please PRINT clearly or type.

Name:

Position:

Agency:

Work Address:

Daytime Phone:

Counselor or Prevention Specialist ID#:

Month/Year Certified

Month/Year of Last Update

Directions:

- Please document how you fulfilled your update requirement by completing the appropriate box (es) below. Additional copies of this form should be attached as necessary.
- You must attach a copy of the agenda for each of the events attended.
- Update activity must be completed by the last day of the month in which certification is due to expire.
- **If you have additional questions regarding what may qualify for update credit, please contact Christina Bolden at (313) 456-2181.**

Update Opportunity Attended/Completed	
Topic:	Topic:
Sponsoring Agency:	Sponsoring Agency:
Date:	Date:
Contact Hrs.	Contact Hrs.
<u>TOTAL</u> (You must have at least 6 contact hours to obtain credit!) Contact Hrs.	

**Mail with supporting documentation to:
Christina Bolden, MDCH/DHWDC, Cadillac Place,
3056 W. Grand Blvd, Suite 3-150, Detroit, MI 48202.
Fax: (313) 456-4427. Phone: (313) 456-2181.**