

Mail to: Michigan Department of Community Health
Division of Health, Wellness, and Disease Control
ATTN: Education, Training, and Resource Development Unit
3056 West Grand Blvd. Suite 3-150 Detroit, Michigan 48202

Fax to: ETRDU 313-456-4427

-Administrative Use Only-

Date of Review:

___ Approved # of hrs. ___

___ Denied

Directions:

Complete the form in its entirety, failure to do so will delay processing. Include an explanation of event's relevance to job duties; provide verification of attendance for Non-HAPIS Events"; registration confirmation, which includes your name and date of event (payment receipt not acceptable); a conference booklet or an agenda of the event; **and** a copy of any certificates of completion obtained as a result of the education activity.

For medical continuing education journals, videos, online resources, complete document submission includes ALL of the following items: "Update Documentation" form; a copy of the article with exam (i.e. MMWR); and a written summary of any video or online resource.

UPDATE DOCUMENTATION FORM

Please Print

Name: _____ **Title:** _____
First Last

Agency Name: _____

Agency Address: _____

Work Phone: _() _____ **Email:** _____

TYPE OF UPDATE (please check corresponding box)

- HIV Test Counselor
Counselor ID Number: _____
Month/Year Last Update; ___ / ___
- Case Manger
- Partner Services

Update Attended/Completed	
Topic: _____	Contact Hours ___ Date: _____
Sponsoring Agency: _____	Documentation Attached ___ Yes ___ No
Topic: _____	Contact Hours ___ Date: _____
Sponsoring Agency: _____	Documentation Attached ___ Yes ___ No