

# HIV Training Update Documentation Form

HIV Prevention Unit  
HIV Care and Prevention Section  
Division of HIV and STD Programs  
109 W Michigan Ave, 10th Floor, Lansing, MI 48913

## Directions

1. Complete the form in its entirety. Failure to do so will delay processing.
2. Include an explanation of the event's relevance to job duties.
3. Provide verification of attendance for non-HIV Prevention Unit events such as registration confirmation which includes your name, date of event, and conference booklet or agenda.
4. Include a copy of any certificates of completion obtained as a result of the education activity.

## For medical continuing education journals, videos, and online resources.

1. Complete the form in its entirety. Failure to do so will delay processing.
2. Include a copy of the article.
3. Write a summary of any video or online resources.

Name  Title

Agency

Agency Address

Work Phone  Email

Type of Update (Check corresponding box)

HIV Test Counselor

Worker ID

Last Update (mm/yr)

Partner Services

## Update Attended/Completed

Topic  Contact Hours  Date

Sponsor Agency  Documentation Attached?  Yes  No

Topic  Contact Hours  Date

Sponsor Agency  Documentation Attached?  Yes  No

## Training Unit

Main: (517) 335-7718 Fax: (517) 373-1495

e-Mail: [MDHHS-HIVPrevTraining@michigan.gov](mailto:MDHHS-HIVPrevTraining@michigan.gov)

Completed forms may be faxed or e-mailed to the Training Unit.