

MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH
DHWDC-STD
FAX: 313-456-4427
Attn: Tracy L. Peterson-Jones
Questions: 313-456-4422

-Administrative Use Only-

**Partner Services Certification Training
PS Update/Specialized Training**

Please **PRINT** clearly or **TYPE**. Fill out a separate application form for each person and for each training.

Specific training in which you are applying:

NOTE: To apply for a Partner Services Certification Training, successful completion of Module 3 is required. Please provide the date and location of the Module 3 training you completed.
Date: Location:

Name: Position:

Agency:

Agency Address:

Preferred Mailing Address:

Phone:

Fax:

E-mail address:

Emergency contact: Phone:

Supervisor's name: Supervisor's Phone:

In what type of setting do you work:

- Local Public Health Department
- STD Clinic
- HIV Case Management

- Community Based Organization
- Substance Abuse Treatment
- Other:

Note: Applications that are not completely filled out will be returned.

Mail or fax applications for the Partner Counseling and Referral Services trainings to:
Tracy L. Peterson-Jones, MDCH/DHWDC, 3056 W. Grand Blvd. Suite 3-150
Fax: 313-456-4427 Phone: 313-456-4422