

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

-Administrative Use Only-

**HIV Prevention Specialist and Test Counselor Certification
Update and Specialized Trainings**

Complete this form to register for Update Certification Trainings and Specialized Trainings.

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

Name of training for which you are applying:

Are you using this training to fulfill recertification requirements? Yes No
If yes, which recertification are you applying for? Test Counselor CM Both

MDCH HIV Test Counselor Certification is required for All Applicants.

Counselor Certification Date:

Counselor ID:

Last Completed Update:

Type of update

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 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**