

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

If you have not received a confirmation letter  
within five days of the start of training please  
email [etrdu@Michigan.gov](mailto:etrdu@Michigan.gov)

## TRAINING APPLICATION FORM

Please **PRINT** clearly or type. Fill out a separate application form for each person and each training. **If you are applying for HIV Module 3 or Case Management training, please print application after completion, have supervisor sign and fax to above number.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a supervisor: Yes \_\_\_ No \_\_\_

If no, list supervisor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Will be requesting Nursing CEU? \_\_\_ No \_\_\_ Yes

*If applicant is applying for HIV or Case Management Module 3 training, I confirm that this employee/volunteer will be providing HIV antibody testing or will be doing case management through my agency.*

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Note: Applications that are not completely filled out will be returned.** Applications for each training will be reviewed at the time of the application deadline for that training. Priority for acceptance into trainings is based on agency contracts with DHWDC/HAPIS, job position of applicant and available space.

Fax applications to:  
MDCH/DHWDC/ETRDU 3056 W. Grand Blvd. Ste 3-150 48202.  
Fax: (313) 456-4427. Phone: (313) 456-1040.