

HIV Prevention Unit  
STD Section  
Bureau of Disease Control, Prevention and Epidemiology  
109 West Michigan Ave (10<sup>th</sup> Floor), Lansing, MI 48913

**TRAINING APPLICATION FORM**

Please **FILL** out form and **PRINT** clearly. Fill out a separate application form for each person and each training. **If you are applying for HIV Module 3 or Case Management training, fill out the application and have your supervisor sign and email or fax to the number below.**

Name  Position

Agency

Agency Address

Phone  Fax

Email Address

Are you a supervisor?  Yes  No

If no, list supervisor's name  Phone

Title of Training  Date of Training

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

Supervisor Signature

**Applications that are not complete will be returned.** Applications for each training will be reviewed at the time of application deadline for that training. Priority for acceptance into training is based on agency contracts, job position of applicant, and available space.

**Fill out, print and fax form to (517) 241-5922  
david22@michigan.gov or (517) 241-5919 for questions**