

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

UPDATE DOCUMENTATION FORM

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 and date of event or 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 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 Counselor ID # Last Update (mm/yr)
 Partner Services

Update Attended/Completed			
Topic	<input type="text"/>	Contact Hours	<input type="text"/> Date <input type="text"/>
Sponsor Agency	<input type="text"/>	Documentation Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topic	<input type="text"/>	Contact Hours	<input type="text"/> Date <input type="text"/>
Sponsor Agency	<input type="text"/>	Documentation Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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