

HIV Training Update Documentation Form

HIV Prevention and Intervention Unit

HIV/STI Prevention Section

Bureau of HIV and STI Programs

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, date of event, and 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 the 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

Address

Phone Email

Type of Update (Check corresponding box)

☐ HIV Test Counselor Worker ID Last Update (mm/yr)
☐ Partner Services

Update Attended/Completed

Topic Contact Hours Date

Sponsor Agency Documentation Attached? ☐ Yes ☐ No

Topic Contact Hours Date

Sponsor Agency Documentation Attached? ☐ Yes ☐ No

Completed forms must be submitted via a [SHOARS Counselor ID Renewal Form](#).