

CENTER OF EXPERTISE REGISTRATION FORM

Any questions? please call us at (212) 594-7741

COURSE INFORMATION

Only case managers from COBRA, Ryan White Title I or II, and AIDS Institute funded programs can attend these trainings.

Please check off all the appropriate lines that apply to your agency's Case Management Program:

___ COBRA Community Follow-Up Provider ___ AIDS Institute Grant Funded Case Management Program ___ Ryan White Title I or II

Indicate your choices for the dates of each training you wish to attend:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ● Assessing Sexual Risk Behaviors
July 8, 2009 NYC <input type="checkbox"/> | <ul style="list-style-type: none"> ● Establishing Boundaries
Aug. 4-5, 2009 NYC <input type="checkbox"/> | <ul style="list-style-type: none"> ● Every Word Counts...
Oct. 6, 2009 NYC <input type="checkbox"/>
Dec. 2, 2009 NYC <input type="checkbox"/> |
| <ul style="list-style-type: none"> ● HIV Family Centered Case Management
Sept. 29-30, 2009 NYC <input type="checkbox"/> | <ul style="list-style-type: none"> ● Supervision and Leadership
Oct. 27-28, 2009 NYC <input type="checkbox"/> | |

HOW TO REGISTER

By mail: Cicatelli Associates Inc., 505 Eighth Avenue, 16th Floor, New York, NY 10018

By fax: (212) 629-3321

There is **NO FEE** for these trainings.

PARTICIPANT INFORMATION

Please type or print clearly

Name _____ Title _____

Agency Name _____

Mailing Address _____ Room, Floor, Suite _____

City, State, Zip _____ Email _____

Telephone _____ Fax _____

DEMOGRAPHIC INFORMATION

PRIMARY WORK SETTING
<ul style="list-style-type: none"> <input type="checkbox"/> Family Planning/PCAP <input type="checkbox"/> Health Center <input type="checkbox"/> CBO/Community Agency <input type="checkbox"/> Alcohol/Drug Treatment Program <input type="checkbox"/> Non-Institutional Nursing Services <input type="checkbox"/> Child Welfare Services/Foster Care <input type="checkbox"/> Health Department <input type="checkbox"/> Educational Institution <input type="checkbox"/> AIDS Treatment Center <input type="checkbox"/> EMS/Police/Fire <input type="checkbox"/> Correctional Facility/Jail <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Hospital <input type="checkbox"/> Physician's Office/Lab <input type="checkbox"/> Nursing Home/Adult Day Care <input type="checkbox"/> Other
WHAT COUNTY DO YOU WORK IN THE MOST?
<p>_____</p>

PRIMARY OCCUPATION
<ul style="list-style-type: none"> <input type="checkbox"/> COBRA - CM/CMT <input type="checkbox"/> COBRA - CFW <input type="checkbox"/> Social Worker/Case Manager <input type="checkbox"/> Community Educator/Outreach Worker <input type="checkbox"/> Nurse <input type="checkbox"/> Administrator <input type="checkbox"/> Nurse Practitioner/Physician's Assistant <input type="checkbox"/> Teacher/Trainer/Student <input type="checkbox"/> HIV Test Counselor <input type="checkbox"/> Physician <input type="checkbox"/> MR/MH Worker <input type="checkbox"/> Criminal Justice/Law Enforcement <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Emergency Personnel <input type="checkbox"/> Domestic Violence Provider <input type="checkbox"/> Other
NUMBER OF YEARS IN CURRENT OCCUPATION
<ul style="list-style-type: none"> <input type="checkbox"/> 0 - 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 7 <input type="checkbox"/> More than 8

EDUCATION LEVEL
<ul style="list-style-type: none"> <input type="checkbox"/> Less than 12 Years of Education <input type="checkbox"/> High School/GED <input type="checkbox"/> College <ul style="list-style-type: none"> 1 _____ 2 _____ 3 _____ 4 _____ <input type="checkbox"/> Graduate Degree
RACE
<ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
ETHNICITY
<ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino(a) <input type="checkbox"/> Not Hispanic or Latino(a)