

NYSDOH AIDS INSTITUTE REGISTRATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

To be completed by individual to be registered. Incomplete registration forms will be returned. Please specify the course or courses you would like to attend below. Thank you.

<u>WORKSHOP TITLE</u>	<u>DATE(S) (1st CHOICE)</u>	<u>DATE(S) (2nd CHOICE)</u>

Name: _____ Title/Position: _____
 Agency Name: _____
 Agency Address: _____ Room/Floor/Suite/Dept.: _____
 City/State/Zip: _____ Email: _____
 Daytime Telephone: _____ FAX: _____

All prospective participants, please answer the following:

- | | | |
|--|---------|--------|
| 1) Do YOU currently provide HIV Pre/Post-Test Counseling? | ___ Yes | ___ No |
| 2) If no, will YOU be providing this service in the next 3 months? | ___ Yes | ___ No |
| 3) Are you a case manager or case management technician in both COBRA & grant funded programs? | ___ Yes | ___ No |
| 4) Have you ever attended an HIV 101 or HIV Update course? | ___ Yes | ___ No |

Supervisor's verification of job responsibility is required to attend the "HIV Testing Skills Practice Session" and the "HIV Testing in NYS 2005 Guidance" training programs. Supervisory approval is **NOT** required for physicians, dentists or other clinicians.

SUPERVISOR'S VERIFICATION OF JOB RESPONSIBILITY

_____ is or will be responsible for the provision of HIV counseling and testing services as part of his/her job responsibility.
 (Name of Registrant)

 (Supervisor's Printed Name AND Signature)

(_____) _____
 (Supervisor's Telephone Number)

Please mail or fax this registration form to: Ida Colon
 Cicatelli Associates Inc., 505 Eighth Avenue, 16th Floor, New York, NY 10018
 Phone (212) 594-7741 Fax (212) 629-3321
 www.cicatelli.org

If you have any special needs (e.g., Interpreter, wheel chair, etc.) please contact us and we will accommodate your needs to the best of our ability.

PRIMARY WORK SETTING

- Family Planning/PCAP
- Health Center
- CBO/Community Agency
- Alcohol/Drug Treatment Program
- Non-Institutional Nursing Services
- Child Welfare Services/Foster Care
- Health Department
- Educational Institution
- AIDS Treatment Center
- EMS/Police/Fire
- Correctional Facility/Jail
- Mental Health Services
- Hospital
- Physician's Office/Lab
- Nursing Home/Adult Day Care
- Other

WHAT COUNTY DO YOU WORK IN THE MOST?

PRIMARY OCCUPATION

- COBRA – CM/CMT
- COBRA - CFW
- Social Worker/Case Manager
- Community Educator/Outreach Worker
- Nurse
- Administrator
- Nurse Practitioner/Physician's Assistant
- Teacher/Trainer/Student
- HIV Test Counselor
- Physician
- MR/MH Worker
- Criminal Justice/Law Enforcement
- Counselor/Therapist
- Emergency Personnel
- Domestic Violence Provider
- Other

NUMBER OF YEARS IN CURRENT OCCUPATION

- 0 - 1
- 2 - 4
- 5 - 7
- More than 8

EDUCATION LEVEL

- Less than 12 Years of Education
- High School/GED
- College
 - 1 ___
 - 2 ___
 - 3 ___
 - 4 ___
- Graduate Degree

RACE

- American Indian or Native Alaskan
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

ETHNICITY

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)