

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	
_____ (Name of Registrant)	is or will be responsible for the provision of HIV counseling and testing services as part of his/her job responsibility.
_____ (Supervisor's Printed Name AND Signature)	_____ (Supervisor's Telephone Number)

Please mail or fax this registration form to: Christina Rivera

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.

DEMOGRAPHIC INFORMATION

PRIMARY WORK SETTING
<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?

PRIMARY OCCUPATION
<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
<input type="checkbox"/> 0 - 1 <input type="checkbox"/> 2 - 4 <input type="checkbox"/> 5 - 7 <input type="checkbox"/> More than 8

EDUCATION LEVEL
<input type="checkbox"/> Less than 12 Years of Education <input type="checkbox"/> High School/GED <input type="checkbox"/> College 1 ___ 2 ___ 3 ___ 4 ___ <input type="checkbox"/> Graduate Degree
RACE
<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
<input type="checkbox"/> Hispanic or Latino(a) <input type="checkbox"/> Not Hispanic or Latino(a)