

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

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)</u>

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
<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)