

# Training Application - 2015

County of Los Angeles Department of Public Health

Division of HIV and STD Programs (DHSP)

Quality Management-Program Support Services

Important information:

1. Pre-registration is required.
2. A separate application must be submitted for each course.
3. Application form must be filled in completely and e-mailed to the Division of HIV and STD Programs (DHSP) four (4) weeks prior to training date. Incomplete applications will not be processed.
4. An e-mail confirming receipt of application will be sent to the applicant. If accepted into a training, a separate e-mail confirming attendance at a training will be sent. Participants are not authorized to attend a training until they have received written confirmation of attendance.

Today's Date:  Choose Training From List:

If applying for Basic II, Partner Services, CLEARVIEW or INSTI, please indicate your DHSP Counselor ID #

Counselor ID #

Courtesy Title :  Other (Specify):

First Name :  M.I.  Last Name :

Position :  Other (Specify)

Function:  If other, please specify here

Agency :

Address :

City :  State :  Zipcode :  SPA :

Telephone :  xxx xxx-xxxx E-mail

**Please indicate the training dates that you would like to attend:**

1st Choice  (MM-DD-YY) 2nd Choice  (MM-DD-YY)

If the requested training date is full, participants and their supervisor will be notified.

**A separate registration must be submitted for each course applied for**

**If assistance with registration is needed please  
e-mail questions to [trainingquestions@ph.lacounty.gov](mailto:trainingquestions@ph.lacounty.gov)  
or call (213) 351-8071**

**PART A: DEMOGRAPHIC INFORMATION:**

1. Educational Level: (Choose the highest level completed and specify degree if applicable)

If other, please specify here

Gender (if "Other," please specify):

Other Specify here

Race/Ethnicity

(if "Mixed Heritage" or "Other," please specify):

Mixed Heritage/  
Other Specify here

**PART B: AGENCY INFORMATION**

Does your agency have a contract with DHSP (formerly OAPP,STD or HIV Epi )? Please check one  Yes  No  Don't know

If not DHSP funded, what is the source of your funding? (i.e., CDC Direct, Research Grant, Private Foundation, etc.)

Program Name:

Contract Number:

Type of Program :

DHSP Program Manager :

PLEASE DESCRIBE JOB DUTIES IN THE SPACE PROVIDED BELOW

**PART C: STATEMENT OF ACCURACY:**

I certify that I have answered the above questions truthfully and to the best of my knowledge. **Note: This box must be checked or the application will be rejected.**

**PART D: SUPERVISOR INFORMATION**

I have reviewed this application with my Supervisor who has approved my attendance at this training. **Note: This box must be checked or the application will be rejected.**

Name of Supervisor :

Title :

Agency :

Telephone :  
xxx xxx-xxxx

E-mail :

To submit completed application, check to see that all information is correct; then hit the submit button below.

**If applying for HIV Basic I Counselor Training, please continue to PART E below before submitting application.**

An e-mail will be sent to confirm receipt of this application. A separate e-mail confirming attendance will be sent. Participants are not authorized to attend training until they have received this confirmation e-mail from DHSP.

If the requested training date is full, participants and their supervisor will be notified.

**PART E: APPLICANT'S STATEMENT Complete by applicant only if applying for HIV Basic I Counselor Training**

Are you currently employed or soon to be hired as an HIV Test Counselor?  Yes  No

If soon to be hired, specify expected start date.

If you are currently volunteering at an HIV test site have you been there at least 3 months?  Yes  No If Yes, in what capacity and how often?

As part of your duties will you be performing HIV Test Counseling?  Yes  No Weekly Percentage of time?

Will you be responsible for conducting Rapid HIV Tests?  Yes  No

Please answer the following questions then hit the submit button at the bottom of the form

What personal attributes or characteristics do you have that would help you be a good counselor?

Describe how HIV prevention counseling certification fits into your core job functions.

Would you be able to conduct your duties without being certified?  Yes  No

What previous education or experience do you have that would make you a good candidate for the HIV Counselor Training?

To submit completed application, check to see that all information is correct; then hit the submit button below.

An e-mail will be sent to confirm receipt of this application. Separate e-mail confirming attendance will be sent and participants are not authorized to attend training until they have received this confirmation e-mail from DHSP. If the requested training date is full, participants and their supervisor will be notified.