

Training Application - 2019

County of Los Angeles Department of Public Health
Division of HIV and STD Programs (DHSP)
Clinical and Quality Management - Program Support

Important information:

1. Pre-registration is required six (6) weeks prior to training date.
2. A separate application must be submitted for each course.
3. Application form must be filled in completely and e-mailed to reginbox@ph.lacounty.gov. Incomplete applications will not be processed.
4. Please allow up to 4 weeks processing time before receiving notification about your registration status.
5. Upon acceptance into a training, a confirmation e-mail will be sent.
6. Participants will not be admitted to a training without a confirmation letter.

Today's Date: Choose Training from List:

If applicable, please indicate your DHSP HIV Test 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 : E-mail:
xxx xxx-xxxx

Please indicate the training dates that you would like to attend. Both fields must be filled in.

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

If the requested training date is unavailable, participants and their supervisor will be notified and placed in the next available training. Your confirmation letter will specify the training date.

A separate registration form must be submitted for each course you are interested in attending.

Need Help? E-mail questions to trainingquestions@ph.lacounty.gov

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):

If "Other", specify here

Race/Ethnicity

(if "Multi-racial " or "Other," please specify):

If "Multi-racial" or "Other" specify here

List any ADA accommodations needed:

PART B: AGENCY INFORMATION

Does your agency have a contract with DHSP? Please check one

 Yes No Don't know

If not DHSP funded, what is the source of your funding?
(e.g., CDC, 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 fields are filled in and correct; then hit the submit by e-mail button below.

Applying for HIV Basic I Counselor Training? Please continue to PART E below before submitting application.

If you are having trouble submitting this form, make sure it is completely filled in, print it, then scan the printed form and send the PDF copy as an attachment to reginbox@ph.lacounty.gov. Please allow up to 4 weeks processing time before receiving notification about your registration status. Upon acceptance into a training, a confirmation e-mail will be sent. Participants will not be admitted to a training without a confirmation letter. For assistance, email trainingquestions@ph.lacounty.gov

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 a 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.

If you are having trouble submitting this form, make sure it is completely filled in, print it, then scan the printed form and send the PDF copy as an attachment to reginbox@ph.lacounty.gov. Please allow up to 4 weeks processing time before receiving notification about your registration status. Upon acceptance into a training, a confirmation e-mail will be sent. Participants will not be admitted to a training without a confirmation letter. For assistance, email trainingquestions@ph.lacounty