State of Connecticut Department of Public Health
HIV Prevention Unit
Prevention Counselor Certificate of Training Program

INTRODUCTION: The purpose of the policy is to outline the HIV Prevention Counseling Certificate of Training for newly hired and potential HIV Prevention Counselors within the State of Connecticut. The Department of Public Health (DPH) HIV Prevention staff will work closely with the counselor using role-plays and observation to ensure that required skills are mastered to complete the certification process.

BACKGROUND: The AIDS & Chronic Diseases Section of the Connecticut Department of Public Health (DPH) offers a training program in HIV prevention counseling. The program is primarily intended for those persons working in counseling and testing sites in positions that are directly supported by funds from DPH. However, when resources permit, other (non-funded) HIV counselors are also admitted to the program.

The end point of the programs is the HIV Prevention Counselor Certificate of Training, certifying that the holder has met the training and experience standards and demonstrated the HIV prevention counseling skills that DPH requires for DPH-funded HIV prevention counselors.

The following persons are required to hold a current *HIV Prevention Counselor Certificate of Training:*

Those working as HIV prevention counselors in counseling and testing programs, in positions funded by the AIDS & Chronic Diseases Section of DPH. This includes employees working as HIV Prevention counselors in places such as correctional facilities and substance-abuse treatment programs. All those with authorization (usually referred to as a counselor number) to submit test samples to the Connecticut State Laboratory, under DPH funding even if they are not in DPH -funded positions.

HIV Prevention Counselor Certificates of Training expire at the end of each state fiscal year (June 30), and are renewed if the holder has attended the required number of continuing education workshops during the year. Each certificate holder is notified each year as to the number of workshop credits he or she is required to accumulate for the next certificate renewal.

HIV CERTIFICATE OF TRAINING

When a state-funded counseling and testing site hires an HIV prevention counselor who does not have the HIV Prevention Counselor Certificate, the

agency is required to arrange for the counselor to obtain the certificate at the earliest opportunity. The DPH-AIDS & Chronic Diseases Section should be contacted to obtain an application. DPH funded agencies are also encouraged to provide HIV counseling and testing staff with opportunities to participate in conferences, workshops, and educational events that are sponsored by other institutions and organizations.

There are a number of phases in the program leading to the HIV Prevention Counselor Certificate:

PHASE I

- Successful completion of HIV Medical & Legal Basics Pre-Requisite Training (currently a three day training offered two or three times a year).
- Successful completion of The Fundamentals of HIV Prevention Counseling Training (currently a 5 day workshop offered two or three times a year).
- An "experience period" of approximately six months, during which the certificate candidate is expected to accumulate actual HIV pre and post test counseling experience at their funded site.

LENGTH OF CERTIFICATION PROCESS:

- Maximum of twelve (12) months from the last day of training

PHASE II

- Individual "coaching" or observation sessions in HIV prevention counseling techniques offered by the DPH Training Staff during the "experience period" (See HIV Certification Protocol).

OBSERVATION:

- It is highly recommended that at hire or at the completion of the Fundamentals of HIV Prevention Counseling training, the potential counselor be observed a minimum of three sessions before they perform a solo counseling session. The Program Supervisor must commit to the provision of adequate support and development in the counselor certificate process.

COACHING:

- Within three (3) months after the completion of the State of CT Fundamentals of HIV Prevention Counseling training, the potential

counselor will be required to attend a minimum of three (3) coaching sessions and five (5) maximum. Coaching sessions may occur at the Department of Pubic Health (DPH) or may be coordinated on-site, which allows the counselor to perform the session at their workplace.

- Potential counselors must commit to getting as much experience and practice with performing HIV Prevention Counseling using the CDC's recommended Six Steps of Prevention Counseling. This may be done with staff or with the support from the Program Supervisor. A written policy is required for funded agencies and should be included in the agencies policy and procedure manual.

VIDEO TAPED SESSION: (optional)

- Potential counselors have the option to videotape a counseling session and submit to the DPH for review. Counselor will receive a feedback summary detailing where improvement is needed and the outcome of the session.

PHASE III

REVIEW COMMITTEE PROCESS:

- Once a counselor successfully meets the requirements of the DPH & CDC Standards of HIV Prevention Counseling via the above-mentioned methods, they will be required to meet with the HIV Prevention Counseling Review Committee to complete the certificate of training process. The purpose of the meeting is to evaluate the candidate's grasp of the principles and applications of HIV prevention counseling techniques. The meeting consists primarily of role-play of a pre-test and post-test counseling situation. A maximum of two (2) review committee meetings will be allowed**.**

REVIEW COMMITTEE OUTCOMES:

1. **First Review Committee Meeting**- A counselor can either receive:

   a: **Provisional Certificate of Training**-, which is temporary on the basis that the counselor addresses deficiencies in the corrective action plan & any recommendations per the Review Committee. The counselor has up to six (6) months to address

deficiencies and return to Review Committee for second Review Committee meeting.

b. **Active Certificate of Training-**is an active certification, which is awarded to counselors who successfully meet the Standards the HIV Prevention Counseling per the requirement of the DPH and the CDC. Certifications are valid for one year and must be maintain by taking required continuing education courses. A minimum of 12 continuing education (CE) credit hours per year must be met in order to keep certification status current.

2. **Second Review Committee Meeting**- During the second meeting, if the counselor successfully meets the standards of HIV Prevention Counseling, they will receive an Active Certificate of Training. If the counselor does not successfully meet the required standards to HIV Prevention Counseling, the Review Committee will not recommend the counselor for a Certificate of Training. It is the responsibility of the funded contractor to make a final decision regarding the status of the employee based on the Review Committee's Recommendations.

HIV COUNSELOR RESPONSIBILITES:

- Maintain a personal record of documentation of any coaching and observations, that way you can measure personal improvements and issues.
- Commit to role-play (coaching) and observational session.
- Serve as resource to other HIV Prevention Counselors in the form of role-playing, networking, and support during the HIV Prevention Counseling Training.

REVIEW COMMITTEE RESPONSIBILITES:

- Commit to 5-10 Review Committee Meetings a year (the more members the less time commitment) Maximum 20 hours per year.
- Provide verbal and written objective/ constructive feedback to prospective Counselors.
- Advise, consult with, and make recommendations to the Integration of Care & Prevention Training Coordinator, and others involved in

quality HIV Prevention Counseling regarding the Prevention Counseling Certificate of Training Process.

Due to space and resource limitation, applications are assigned to the HIV Prevention Counselor Certificate of Training Course according to the priority list:

Priority "A": Those who are currently working as an HIV prevention counselor at a counseling and testing site, in a position that is funded by DPH. Those who have a "counselor number" (authorization to submit test samples to the Connecticut State Laboratory).

Priority "B": Those who are currently working as an HIV prevention counselor at a counseling and testing site, in a position that is **NOT** funded by DPH.

Priority "C": Those who are currently working in positions funded by DPH AIDS & Chronic Diseases Programs but who are not HIV prevention counselors.

Priority "D": All others.

In selecting participants for a training course, priority "A" persons on the waiting list are given a space first, then priority "B" persons, then so forth until we have reached capacity. Applicants who do not possess experiences or educational; background in counseling may be asked to attend a ***Foundations of Counseling Skills Course*** prior to obtaining their certificate.

How to Apply

Persons wishing to receive the HIV Prevention Counselor Certificate of Training, including receiving training in HIV prevention counseling & testing, should complete the application form attached. Applicants who have already been trained and or/have extensive experience in HIV prevention counseling may complete a request for an exemption (waiver) from the training course that is attached with this application. If an exemption from the training is granted, however, the review committee process is still required in order to waive the Certificate of Training.

Applications are available via:

- The DPH Website: A PDF file can be downloaded under HIV/AIDS link under HIV Prevention Counselor Training Certificate Application from: www.ct.gov/dph/
- Contacting Marianne Buchelli at 860-509-8053. Completed applications can be faxed at 860-509-7853 or 509-7855, or mailed to: **State of Connecticut- Department of Public Health AIDS & Chronic Diseases Section. 410 Capital Avenue *MS # 11 APV* P.O. Box 340308 Hartford, CT 06134-0308. Attn: Marianne Buchelli**

State of Connecticut Department of Public Health
HIV Prevention Unit
Application for Waiver from HIV Counselor Training Course

(Complete this page if you are asking to be awarded a certificate of training without attending the HIV Counselor training course. If the waiver is granted, the review-committee step will still be required.)

Please check and complete the applicable items:

1. [ ] Attended training course in HIV counseling techniques offered by

the Connecticut Department of Public Health, AIDS & Chronic Diseases Section.

Dates of Attendance: From ____/____/____ to ____/____/____

2. [ ] Attended the HIV Counselor Training Course offered by the New York Health Department.

   Check one: [ ] **City** Health Department [ ] **State** Health Department

   Dates of attendance: From ____/____/____ to ____/____/____

3. [ ] Attended other formal HIV counselor training course, designed as preparation for work as pre-and post-test counselor at an HIV counseling and testing site.

   Title of Course _____

   Sponsoring Organization: _____

   Address _____

   _____

   Dates of attendance: From ____/____/____ to ____/____/____

Please attach photocopies of certificates of attendance at the above course. If you have checked # 3, attach also a description of the course, including its

learning objectives (topics covered, description of manuals and materials used, etc.), sponsoring agency, and names of trainers.

Are there other facts that the Department of Public Health, AIDS & Chronic Diseases Section, should be aware of in considering your application for a waiver from the requires HIV counselor Training Course? If so, please include here:

_____

_____

_____

Your Signature:_____Date:_____

Return this application to: State of Connecticut- Department of Public Health AIDS & Chronic Diseases Section. 410 Capital Avenue *MS # 11 APV* P.O. Box 340308 Hartford, CT 06134-0308. Attn: Marianne Buchelli or Fax to 860-509-7855 or 7853.

If you have questions about this application procedure, contact **Marianne Buchelli at (860) 509-8053**.

State of Connecticut
Department of Public Health
HIV Prevention Counselor (HPC) Certificate Training Program
Application

All applicants must complete this section. Those requesting a waiver from the training requirements must also complete separate form. Please type or print clearly.

Date	First Name	Last name	Middle Initial

Agency			
Address:	City/Town:	State:	Zip:
Job Title:			
Work Phone #:	Fax:	Email:	
Immediate Supervisor:		Telephone #:	
Employed in this position Start Date: / /		To Present Date: / /	
How many total hours per week do you work in this position?			
How many hours per week do you perform pre & post test counseling in this position?			
Home Address:		Apartment #	
City/Town:	State:	Zip:	
Please select what of the following categories most apply to your background education: ☐ less than 12 years of education ☐ High School/GED ☐ College __1 __2 __3 __4 __+ ☐ Graduate degree			
Experience working in the HIV/AIDS field	_____Months	_____Years	

Please describe your principles job responsibilities:

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Please share with us why you wish to attend the HIV Prevention Counseling Training Course?

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Employment History: *Please indicate your experience in providing HIV Prevention Counseling & Testing*		
Place of employment:	Address:	
City /Town:	State:	Zip:
Job Title:	# of years/months employed:	
Was employment paid or volunteer? ☐ YES ☐ No		

Employment History: *Please indicate your experience in providing HIV Prevention Counseling & Testing*		
Place of employment:	Address:	
City /Town:	State:	Zip:
Job Title:	# of years/months employed:	
Was employment paid or volunteer? ☐ YES ☐ No		

Employment History: *Please indicate your experience in providing HIV Prevention Counseling & Testing*		
Place of employment:	Address:	
City /Town:	State:	Zip:
Job Title:	# of years/months employed:	
Was employment paid or volunteer? ☐ YES ☐ No		

EDUCATION:
Have you graduated from High School or received a High School equivalency diploma? ☐ Yes ☐ No

If No, circle highest grade completed:
1 2 3 4 5 6 7 8 9 10 11 12

SCHOOL	NAME	ADDRESS	DATES ATTENDED FROM	TO	CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								

OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, other)

KIND(S)	ISSUED BY	DATE ISSUED	EXPIRATION DATE	NO.

Do you speak, read or write a language other than English? ☐ Yes (specify language) _____

HIV Prevention Counseling Certification Process

Fundamentals of Prevention Counseling Training

Practice, Practice, & More Practice

COACHING SESSION (S)
(A minimum of 3
Maximum of 5)

RECOMMENDED COACHING SESSION

RECOMMEND REVIEW COMMITTEE

REVIEW COMMITTEE
(A maximum of 2)

- **Provisional – Good for 6 months to return for final meeting with Review Committee**
- **Active-Good for 1 year and must be maintained with Continuing Education (CE)**