

State of Connecticut Department of Public Health
CORE HIV Training Program Application

All applicants must complete this section. Those requesting a waiver from the training requirements must complete the application waiver form. Please complete and fax back to Marianne Buchelli@ 860-509-7853 or email at marianne.buchelli@ct.gov

Which Core Certificate of Training Program are you applying for? Please select all that apply.

- Pre Requisite Training
- HIV Prevention **Counselor**
- Comprehensive Risk Counseling Services (CRCS)
- HIV Prevention **Educator**
- Medical Case Manager (MCM)
- Drug Treatment Advocacy (DTA)

Please type or print clearly. Be sure to complete all spaces. Incomplete applications will not be processed.

Date	First Name	Last name	Middle Initial
Agency			
Address:		City/Town:	State: Zip:
Job Title:			
Funding Stream: <input checked="" type="checkbox"/>	Part A (Hartford) <input type="checkbox"/>	Part A (New Haven) <input type="checkbox"/>	Part B <input type="checkbox"/> DPH Prevention <input type="checkbox"/>
Work Phone #:	Fax:	Email:	
Immediate Supervisor:			Tele:
Employed in this position Start Date: / /			
How many total hours per week do you work in this position?			
Home Address:			Apartment #
City/Town:		State:	Zip:
Experience working in the HIV/AIDS field	Months	Years	<input type="checkbox"/> None
Please describe your principle job responsibilities:			

Please share with us why you wish to attend the selected Department of Public Health Training Course?			

Employment History: If applicable, <i>please indicate your work experience in providing HIV related prevention or care services.</i>			
Place of employment:		Address:	
City /Town:	State:	Zip:	
Job Title:		# of years/months employed:	
Was employment paid or volunteer? <input type="checkbox"/> YES <input type="checkbox"/> No			
Employment History:			
Place of employment:		Address:	
City /Town:	State:	Zip:	
Job Title:		# of years/months employed:	
Was employment paid or volunteer? <input type="checkbox"/> YES <input type="checkbox"/> No			
Employment History:			
Place of employment:		Address:	
City /Town:	State:	Zip:	
Job Title:		# of years/months employed:	
Was employment paid or volunteer? <input type="checkbox"/> YES <input type="checkbox"/> 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		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
			FROM	TO				
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								

OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (e.g., social work, 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)
