

**State of Connecticut Department of Public Health
HIV Prevention Unit
HIV Counselor Training Course Waiver Application Form**

(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: _____