



Lillian Rivera, RN, MSN, PhD Administrator

**Miami-Dade County Health Department
Office of HIV/AIDS**

AIDS-500/501
Pre-Registration Requirements

Please check below the title that applies to you:

Counselor

Case Manager

TRAINING DATES REQUESTED:

PARTICIPANT E-MAIL ADDRESS:

Month/ Dates /Year

(If available)

In order to ensure that each participant receive adequate mentorship for his/her Practicum, it is imperative for Our Office to have the following information for our records:

Testing Site:

Name of Agency

Site Number

Name of Participant:

Print Name

Signature

Name of participant's Supervisor:

Print Name

Signature

Name of Experienced Counselor if different from Supervisor:

Print Name

Signature

Please attach a copy of the most updated AIDS-501 certificate of the experienced counselor.

AND

**Fax this form to Cindy Jean-Pierre at (305) 470-5750.
For more information, call Ketty Ledan at (305) 470-6960.**