



Rick Scott
Governor

Lillian Rivera RN,MSN,Phd Administrator

Miami-Dade County Health Department
Office of HIV/AIDS

AIDS-501 Update
Pre-Registration

TRAINING DATES REQUESTED:

PARTICIPANT E-MAIL ADDRESS:

Month/ Dates /Year

(required)

(If not given you may not receive a confirmation)

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

Please attach a copy of your most recent 501 update or 500/501 training certificate.

AND

Fax this form with attention to Cindy Jean-Pierre at (305) 470-5750.
For more information, call Ketty Ledan at (305) 470-6960/ Cindy Jean-Pierre at (305) 470-5539.