



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

**Lillian Rivera RN, MSN,Phd Administrator**

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

AIDS-500/501

Pre-Registration

Please check below the title that applies to you:

Counselor

Case Manager

**TRAINING DATES REQUESTED:**

**PARTICIPANT E-MAIL ADDRESS:**

\_\_\_\_\_  
Month/                  Dates                  /Year

\_\_\_\_\_  
(required)

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 Info:

\_\_\_\_\_  
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.**

**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 (305)470-5539.



2 Evelyn Ullah, BSN, MSW, Director Office of HIV/AIDS Services  
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