

**State of Connecticut Department of Public Health
Application for Waiver from HIV Counselor/Educator Training
Course**

(Complete this form if you are asking to be awarded a certificate of training without attending a DPH sponsored HIV Prevention training course. If the waiver is granted, the review-committee or presentation step will still be required.)

Please identify which course you are waiving:

HIV Counselor Training

HIV Educator Training

Please check and circle the applicable items:

1. Attended training course in HIV Counseling or Educator (circle one)

techniques offered by the Connecticut Department of Public Health, AIDS & Chronic Diseases Section.

Dates of Attendance: From _____ to _____

2. Attended the HIV Counselor or Educator (circle one) 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 or Educator (circle one) training course, designed as preparation for work in the designated area. (Please describe in detail).

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 /educator Training Course? If so, please include here:

Your
Signature: _____ Date: _____

If you have questions about this application procedure, contact **Marianne Buchelli** at **(860) 509-8053** with **Counselor** application questions, and **Vivian Riera-Llantin** for **Educator** application questions at **(860) 509-7823**.

Return this application by Fax to 860-509-7855 or 7853 or mail to:

State of Connecticut Department of Public Health

AIDS & Chronic Diseases Section

410 Capital Avenue MS # 11 APV

P.O. Box 340308 Hartford, CT 06134-0308.

Attn: Marianne Buchelli (Counselor Waiver) or

Attn: Vivian Riera Llantin (Educator Waiver)

DPH Use only		
Rec'vd On: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved