2004

Maine Bureau of Health, HIV/STD Program Training Announcement

Prevention Counseling For HIV Test Counselors

AUGUSTA	BANGOR	PORTLAND
March 3-5	May 5-7	September 15-17

Prevention Counseling for HIV Test Counselors is designed to assist providers who counsel patients about HIV antibody testing. Topics cover: counseling skills, integrating behavior change theory into practice and creating risk-reduction plans with clients. Participants will have the chance to practice a series of role-plays to counsel clients using the CDC Client Centered Counseling Approach. This training is mandatory for all Bureau of Health (BOH) contracted Providers and full attendance to all three days of training is required. This training is offered at no cost for agencies working under contract with the BOH. BOH contract agencies located more than 1 hour away from the training site may be able to use training scholarship funds for meals and lodging. Contact your contract manager for more information regarding training scholarships. **Space for this course is limited to 16 participants.**

To register, complete the form below and mail at least two weeks prior to the course offering. The cost of the enrollment to non-contracted Providers is $75.00 due upon letter of acceptance. Please **do not** enclose fee with registration. For more information about this training, contact J. Juan Soto-Alvarez at 287-3916 or Karen Perron at 287-5542.

APPLICATION

Specify the training location & date you wish to attend:

_____

Return to: Karen Perron
HIV/STD Program
#11 State House Station
Augusta, ME 04333-0011
FAX: 287.3498

Name:

Agency:

Address:

Work Phone Number: Home Phone Number:

Fax: E-Mail:

Do you need special accommodations for a disability? ☐ no ☐ yes (please specify)

_____

Please check your particular service area:

- ☐ BOH Contracted Provider (paid or volunteer)
- ☐ Public Health Department Provider
- ☐ Correctional Medical Provider
- ☐ Family Planning Provider
- ☐ Other (please specify)

_____

Please check your role or position: (all that apply)

- ☐ Counseling and Testing Site Counselor
- ☐ Outreach Test Counselor
- ☐ HIV Prevention Educator
- ☐ Other (please specify)

_____

Applicant Signature: Date:

Supervisor Signature: Date:

Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.
If your application is accepted, you will be notified no later than two weeks prior to the selected training.