Lillian Rivera RN, MSN, PhD Administrator
Florida Department of Health in Miami Dade County

HIV/AIDS 500-501 Pre-Registration

HIV/AIDS 500-501 ON-LINE Certificates of Completion required before pre-registration.

Please check below the title that applies to you:

☐ Counselor ☐ Case Manager

TRAINING DATES REQUESTED: _____
Month / Day / Year

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 INFORMATION:

_____ _____
Name of Agency Site Number

PARTICIPANT INFORMATION:

_____ _____
Print Name Signature

E-Mail Address: _____ Phone Number _____
(Required) (Required)

Name of participant's Supervisor:

_____ _____
Print Name Signature

Name of Certified Counselor if different from Supervisor:

_____ _____
Print Name Signature

Scan and send this form including HIV/AIDS 500-501 ON-LINE Certificates of Completion to:
Lisa.Quammie-John@flhealth.gov and cc: Sandra.Estevez@flhealth.gov
For more information, you may contact **Lisa Quammie-John** at: **305-234-5400 x 2537**