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

AIDS-501 Update

Pre-Registration

Please check below the title that applies to you:

☐ Counselor ☐ Case Manager

TIME REQUESTED: ☐ 10:00 AM **English** ☐ 2:00 PM **Spanish**

TRAINING DATES REQUESTED _____
Month / Date / Year

TESTING SITE INFORMATION:

_____ _____
Name of Agency Site Number

PARTICIPANT INFORMATION:

Name: _____
(Print)

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

_____
(Participant' Signature)

Please attach a copy of the most recent AIDS-501 certificate

Scan and send this form to Lelia.Fore@flhealth.gov and cc: Sandra.Estevez@flhealth.gov

For more information, you may contact Sandra Estevez at 305-710-5512