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

Rapid HIV Test Training Pre-Registration Form

Exclusive for Rapid HIV Testing Sites - Registered HIV/AIDS Counselors

HIV/AIDS 500-501 certificate of completion must be attached to this pre-registration form

TRAINING REQUIREMENT – Testing Site must be conducting rapid testing on the brand selected.

(Please check box)

OraQuick – 10:00 AM Alere Determine - 1:00 PM Clearview – 2:00 PM

TRAINING DATE REQUESTED: _____
Month / Day / Year

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

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