

Check off the trainings you would like to attend

****Introduction to Case Management**

August 6, 2009

****Overview of HIV Infection and AIDS**

August 13, 2009

Basics of Positive Youth Development

August 20, 2009

Group Facilitation Skills for STD/HIV Prevention Interventions

September 14-15, 2009

NEW

HIV Disclosure: Deciding Who to Tell

October 8, 2009

NEW

HIV/AIDS Treatment Update

October 20, 2009

Developing Skills for Enhanced Outreach

October 26-29, 2009

****Basic Information about Domestic Violence**

November 5, 2009

***HIV/AIDS Confidentiality Law**

November 13, 2009

Sexuality, Gender and HIV

November 19-20, 2009

HIV & STDs

December 4, 2009

****Building Bridges to Cultural Competency**

December 8, 2009

**Make additional copies of this form for other staff.
Please print or type clearly.**

First Name _____ MI _____

Last Name _____

Organization _____ Dept _____

Title _____ Degree _____

Check if Home Address

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

County You Work In _____

Primary Work Setting – Please Check

- | | |
|---|---|
| <input type="checkbox"/> AIDS Treatment Center | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Alcohol/Drug Treatment Program | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> CBO/Community Agency | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Child Welfare Services/Foster Care | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Correctional Facility/Jail | <input type="checkbox"/> Non-Institutional Nursing Services |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Nursing Home/Adult Care Center |
| <input type="checkbox"/> EMS/Police/Fire | <input type="checkbox"/> Physician's Office/Lab |
| <input type="checkbox"/> Family Planning/PCAP | <input type="checkbox"/> Other |

Primary Occupation – Please Check

- | | |
|---|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Emergency Personnel |
| <input type="checkbox"/> COBRA CFW | <input type="checkbox"/> HIV Test Counselor |
| <input type="checkbox"/> COBRA CM/CMT | <input type="checkbox"/> MR/MH Worker |
| <input type="checkbox"/> Community Educator/Outreach Worker | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Counselor/Therapist | <input type="checkbox"/> Nurse Practitioner/Physician's Asst. |
| <input type="checkbox"/> Criminal Justice/Law Enforcement | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Domestic Violence Provider | <input type="checkbox"/> Social Worker/Case Manager |
| | <input type="checkbox"/> Teacher/Trainer/Student |
| | <input type="checkbox"/> Other |

Race – Please Check

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Unknown/Unreported |
| | <input type="checkbox"/> White |

Educational Level – Please Check

- | | |
|------------------------------------|---|
| <input type="checkbox"/> College 1 | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> College 2 | <input type="checkbox"/> High School/GED |
| <input type="checkbox"/> College 3 | <input type="checkbox"/> Less than 12 years |
| <input type="checkbox"/> College 4 | |

Ethnicity – Please Check

- Not Hispanic or Latino(a)
 Hispanic or Latino(a)

Number of Years in Current Occupation – Please Check

- | | |
|--------------------------------|------------------------------------|
| <input type="checkbox"/> 0 – 1 | <input type="checkbox"/> 5 – 7 |
| <input type="checkbox"/> 2 – 4 | <input type="checkbox"/> 8 or more |

* CNE credit hours are available for this course
 ** OASAS credit hours are available for these courses

Please visit our website: www.reachcny.org for more information on continuing education credits

REACH CNY

Resources, Education, Advocacy and Collaboration for Health

July - December, 2009 Free HIV/AIDS Training



Course descriptions are available on-line:

www.reachcny.org or

www.nyhealth.gov/diseases/aids/training/

Call (315) 424-0009 if you are unable to view the descriptions online.

Registration for training can be completed:

- on-line at www.reachcny.org or
- by fax at (315) 424-0190 or
- by mail at 1010 James Street, 2nd Floor
Syracuse, NY 13203

A confirmation letter will be sent about 2 weeks before the training.

The confirmation letter will include the date, time, location and directions to the training.

Cancellations must be made at least 48 hours before the training.

Letters of attendance will be given at the completion of training.

If you have any questions or require accommodations for a disability or impairment, please call (315) 424-0009.