

HIV Prevention and Test Decisions Counseling

A Three-Day Course for HIV Prevention Counselors in Health Departments and AIDS Preventions Centers Presented by the West Virginia HIV/AIDS/STD Program

Confirmed Course Dates and Scheduled Locations

September 6, 2002, 8:00 a.m. to 5:00 p.m. One-Day Refresher Course Diamond Building, Room B-10, Charleston, West Virginia	October 2 - 4, 2002, 8:00 a.m. to 5:00 p.m. Martinsburg Hospice Center Martinsburg, West Virginia
September 23 - 25, 2002, 8:00 a.m. to 5:00 p.m. Beckley-Raleigh County Health Department Beckley, West Virginia	October 28 - 30, 2002, 8:00 a.m. to 5:00 p.m. Wheeling, West Virginia

Training locations will be announced as they are confirmed.

Contact Hours: This continuing education activity has been provided by the West Virginia Local Performance Site of the PA/MidAtlantic AIDS Education and Training Center for 23.4 contact hours. The West Virginia Local Performance Site is an approved provider of continuing nursing education by the State of West Virginia Board of Examiners for Registered Professional Nurses. WVBRN provider registration number WV2000-0303RN.18. This activity is also for Licensed Practical Nurses for 23.4 contact hours. Licensed Social Workers will receive 19.8 contact hours through the WVDHHR Office of Maternal, Child, and Family Health, provider number 490089.

Your course instructors are:

Chuck Hall, Public Health Educator, West Virginia HIV/AIDS/STD Program
Neal Kerley, Public Health Educator, West Virginia HIV/AIDS/STD Program
Margaret Taylor, CDC Public Health Advisor, West Virginia HIV/AIDS/STD Program

Please note: HIV Prevention Counseling is not a facts course. All participants must have an AIDS 101 course as a prerequisite to taking this course. This course focuses on improving client-centered counseling skills and understanding of CDC Standards for HIV Counseling and Testing.

Please pre-register as soon as possible. Class size is limited and will be on a first-come, first-served basis. This training session is dependent upon the number of pre-registrations.

Attendance Date/Location: _____

Your Name: _____ Your Title: _____

Your Agency: _____

Agency Address: _____

Agency City: _____ State: _____ Zip: _____

Agency Phone: (_____) _____ Agency Fax: (_____) _____

Circle Agency Type: Health Department AIDS Prevention Center CBO Correctional Facility Other

Are you a licensed professional? YES NO

Please mail or fax this completed form to:

Teresa Martin, Secretary, West Virginia HIV/AIDS/STD Program
350 Capitol Street, Room 125, Charleston, WV 25301-3718
Phone: (304) 558-2195 or (800) 642-8244 Fax: (304) 558-6478