

**Application for Training
 CDC/National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
 Division of STD Prevention**

Course Desired (complete a separate form for each course):

- Course:
- Advanced STD Intervention (ASTDI)
 - Essentials of STD Supervision I (ESTDS)
 - Principles of STD Supervision (Principles)
 - STD Intervention for Supervisors (STDIS)
 - Visual Case Analysis (VCA-E3)
 - Other Specialized Training:

Training Date (if known):

Training Location (if known):

- Have you completed any of the following trainings?
- ASTDI Month and Year Completed:
 - EDG Month and Year Completed:
 - ESTDS Month and Year Completed:
 - ISTD Month and Year Completed:
 - FSTD Month and Year Completed:
 - Principles Month and Year Completed:
 - STDIS Month and Year Completed:
 - VCA-E3 Month and Year Completed:
 - Other Month and Year Completed:
 - None

Participant Information

Last Name	First Name	MI
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Agency or Organization

Agency or Organization Address (line 1)

Agency or Organization Address (line 2)

City	State	Zip Code	Country
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Work Phone	Fax	E-mail
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Education Level (highest level attained)	Organization Type (check one)	Primary Occupation Type (check one)
<input type="checkbox"/> Some high school <input type="checkbox"/> GED <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some graduate coursework <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Other--specify:	<input type="checkbox"/> CBO (non-clinical) <input type="checkbox"/> Government-funded public health program (city, state, national) <input type="checkbox"/> Family-planning clinic <input type="checkbox"/> Managed care organization <input type="checkbox"/> Private practice <input type="checkbox"/> Corrections facility <input type="checkbox"/> Military installation <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Migrant health clinic <input type="checkbox"/> Public/University hospital <input type="checkbox"/> Other--specify:	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> HIV Counselor <input type="checkbox"/> Health Educator <input type="checkbox"/> Disease Intervention Specialist <input type="checkbox"/> Case Manager <input type="checkbox"/> Outreach Worker <input type="checkbox"/> Surveillance Coordinator <input type="checkbox"/> Special Projects Coordinator <input type="checkbox"/> STD Program Manager <input type="checkbox"/> Other--specify:
		Do you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No

Percentage of Time Devoted to STD: <input type="checkbox"/> None <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100%	Length of time in current position:
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List your major STD/HIV-related job responsibilities:

Supervisor's Name	Phone Number	E-mail
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I have obtained supervisory approval to attend this training. * Yes No
 *Note: Your supervisor will receive an e-mail confirmation of your registration.

This completed application should be e-mailed to STDTraining@cdc.gov or spm4@cdc.gov. Please call Sheila McKenzie at 404-639-8357 if you have any questions.