Print Form

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DHWDC-HAPIS
FAX: 517-241-5911
Attn: Jane Dufrane
Questions: 517-241-5933

-Administrative Use Only-

CASE MANAGEMENT CERTIFICATION APPLICATION FORM

Please **PRINT** clearly or **TYPE**. Fill out a separate application form for each person **and** each training.

Name of training for which you are applying: Session 1: Jan.17-18; Flint

MDCH HIV Test Counselor Certification Required for All Applicants

Counselor Certification Date: Counselor ID:

Name: Position:

Agency:

Agency Address:

Preferred Mailing Address:

Phone: Fax:

E-mail address:

Supervisor's name: Supervisor's Phone:

Academic Preparation (institution, degree, date):

By my signature, I confirm that this employee has received HAPIS Test Counselor Certification and authorize this employee to attend this training, recognizing that each participant must be present for the full four days of training or certification will not be granted.

Supervisor's Signature: _____ Date: _____

NOTE: Applications that are not completely filled out will be returned. Applications for each training will be reviewed at the time of the application deadline for that training. Priority for acceptance into trainings is based on agency contracts with DHWDC/HAPIS, job position of applicant and available space.

Mail or fax applications for the Case Management Certification Trainings to:
Jane Dufrane , MDCH/DHWDC, Washington Square,
109 W. Michigan – 9th Floor, Lansing, MI 48913.
Fax: (517) 241-5911. Phone: (517) 241-5933.