

FLORIDA DEPARTMENT OF HEALTH-Duval
Area 4 AIDS Program Office - 500/501 Training Schedule 2023

What is HIV 500/501 training?

HIV 500 is the required four-hour training prerequisite for HIV 501 Client-centered counseling, testing, and Partner Services training. The HIV 500 course provides specific information related to HIV history, origination, transmission modes, disease progression, testing types/options, prevention, universal precautions, laws, and statistics to prepare participants to become HIV pre and post test counselors.

HIV 501 counseling, testing, and Partner Services training is a two and one-half day (2 1/2) session. This training provides a greater understanding of HIV/AIDS, testing protocols; HIV relevance to domestic violence; and enhancement in client-centered risk reduction counseling skills for individuals providing services in the public and private sector.

HIV 501 Update is an annual 2-hour class that includes updates on forms, processes, legislation, programs, statistics and is required of all HIV pre and post test counselors.

Why should I participate in this training?

Florida Statute 381.004 requires individuals to receive HIV 501 client-centered testing, partner counseling and referral service training prior to conducting HIV pre/post-test counseling and testing.

The training can benefit other professionals to enhance skills in providing risk reduction messages to their clients (i.e. *Doctors, Nurses, Mental Health Professionals, Substance Abuse Counselors, Faith Community Leaders providing marriage/relationship Counseling and Volunteers*). Through these efforts, we can make a difference in the prevention and spread of HIV and other sexually transmitted diseases in our community.

FEES: There are no fees.

NOTE: Registrants must be **affiliated with** a Case Management Agency, FDOH staff or a registered test site. Registration for 500/501 training **must be recommended by a supervisor or his/her designee of that particular agency.**

Attention Registrants: Please notify us within **72 hours** if you are unable to attend a class. Registrants will receive **an email 1 week prior to training** to confirm seating in the class.

HIV 500/501 will be held at the location listed on the attached class schedule by date. Locations are subject to change with notice provided to registrants.

****Note**:** Submitted registration is acknowledgement that the participant(s) has identified an agency for post-requisite requirements.

HIV 500 Course Link:

<https://www.train.org/florida/course/1050497/compilation>
HIV 500 course must be completed online before registering for training.

HIV 501 Update will be completed **virtually** until further notice. A link with an invite will be emailed one week before the training.

To register for the HIV 500/501 training:

Fax HIV 500 certificate & completed registration form to 904-253-1991.

To register for the HIV 501 Update:

Fax completed registration form to 904-253-1991.

If you have questions, please contact:

Brandi.Williamson@flhealth.gov or Efrain.Santos@flhealth.gov

*****REGISTRATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETED*****

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<u>DATE</u>	<u>CLASS</u>	<u>TIME</u>	<u>Location</u>
<u>JANUARY</u>			
5	501 Update	3:00p.m. – 5:00p.m.	Area 4 CHDs (Virtual)
12	501 Update	3:00pm – 5:00pm	Area 4 CBOs (Virtual)
24, 25, 26	Florida Department of Health - Duval		
	515 W. 6 th Street, Jax, FL 32206 (Tobacco Room)		
<u>FEBRUARY</u>			
8	501 Update	3:00p.m – 5:00p.m.	Area 4 CHDs (Virtual)
22	501 Update	3:00pm – 5:00pm	Area 4 CBOs (Virtual)
<u>MARCH</u>			
21, 22, 23	500/501 Training	8:00a.m. - 5:00p.m.	Wells Fargo Community Building
			1601 N, Main Street, Jax. FL. 32206
<u>APRIL</u>			
25, 26, 27	500/501 Training	8:00a.m. – 5:00pm	Wells Fargo Community Building
			1601 N. Main Street, Jax, FL 32206
<u>MAY</u>			
3	HIV 501 Update	3:00pm – 5:00pm	Area 4 CHDs (Virtual)
17	HIV 501 Update	3:00pm – 5:00pm	Area 4 CBOs (Virtual)
<u>JUNE</u>			
<u>JULY</u>			
5	HIV 501 Update	3:00pm – 5:00pm	Area 4 CHDs (Virtual)
12	HIV 501 Update	3:00pm – 5:00pm	Area 4 CBOs (Virtual)
25, 26, 27	500/501 Training	8:00a.m. - 5:00p.m.	Wells Fargo Community Building
			1601 N, Main Street, Jax. FL. 32206
<u>AUGUST</u>			
29, 30, 31	500/501 Training	8:00a.m. - 5:00p.m.	Wells Fargo Community Building
			1601 N, Main Street, Jax. FL. 32206
<u>SEPTEMBER</u>			
13	HIV 501 Update	3:00pm – 5:00pm	Area 4 CHDs (Virtual)
27	HIV 501 Update	3:00pm – 5:00pm	Area 4 CBOs (Virtual)
<u>OCTOBER</u>			
24, 25, 26	500/501 Training	8:00a.m. - 5:00p.m.	Wells Fargo Community Building
			1601 N, Main Street, Jax. FL. 32206
<u>NOVEMBER</u>			
1	HIV 501 Update	3:00pm – 5:00pm	Area 4 CHDs (Virtual)
15	HIV 501 Update	3:00pm – 5:00pm	Area 4 CBOs (Virtual)
<u>DECEMBER</u>			
12, 13, 14	500/501 Training	8:00a.m. – 5:00p.m.	Wells Fargo Community Building
			1601 N, Main Street, Jax. FL. 32206

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HIV 500/501 3- DAY CLASS REGISTRATION FORM

*****REGISTRATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETED*****
HIV 500/501 class limited to 15 participants. Registration does NOT guarantee seating!

PLEASE TYPE

1. Are you an employee/volunteer of FDOH, HIV Test Site, or a Case Manager?

a. ☐ Yes

☐ No

b. Employer: _____ c. Supervisor: _____

2. Agency who will supervise your post-requisite requirements:

3. Do or will your job duties require HIV Pre-test and Post-test counseling?

☐ Yes

☐ No

***Participant* Information Required Below**

4. Name:

5. Job Title:

6. Job Address:

City:

Zip

7. Daytime Phone #

Email:

Please enter date(s) desired below for HIV 500/501 3-Day Training

a. Enter dates desired: _____

b. Enter alternate dates: _____

1. You must complete the HIV 500 on-line course

2. Fax HIV 500 course certificate AND completed registration form

FAX: 904-253-1991

AIDS Program Office Use ONLY:

Received By: _____ Date: _____

Date Confirmation Email: _____ Sent By: _____

****NOTE****: Registration acknowledges participant understanding and acceptance of *sensitive subject matter* included in class curriculum.

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HIV 501 UPDATE CLASS REGISTRATION FORM

*****REGISTRATION WILL *NOT* BE PROCESSED UNLESS *ALL* INFORMATION IS COMPLETED*****

PLEASE TYPE

1. Are you an employee/volunteer of FDOH, HIV Test Site, or a Case Manager?

c. ☐ Yes

☐ No

d. Employer: _____ c. Supervisor _____

2. Do or will your job duties **require** HIV Pre-test and Post-test counseling?

☐ Yes

☐ No

***Participant* Information Required Below**

3. Name:

4. Job Title:

5. Job Address:

City:

Zip

6. Daytime Phone #

Email:

Please enter date desired below for HIV 501 Update - VIRTUAL

a. Enter date desired: _____

b. Date of your last HIV 501 Update training or HIV 500/501 Training Certificate:

Fax completed registration form

FAX: 904-253-1991

AIDS Program Office Use ONLY:

Received By: _____ Date: _____

Date Confirmation Email: _____ Sent By: _____

****NOTE****: Registration acknowledges participant understanding and acceptance of *sensitive subject matter* included in class curriculum.