

FLORIDA DEPARTMENT OF HEALTH-Duval
Area 4 AIDS Program Office - 500/501 Training Schedule 2024

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.

This training is for individuals who will actively conduct pre/post-test counseling and rapid HIV testing services.

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 Karen.Andrade@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>			
10	501 Update	3:00p.m. – 5:00p.m.	Virtual
23, 24, 25	500/501 Training	9:00a.m. – 5:00p.m.	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>FEBRUARY</u>			
28	501 Update	3:00p.m. – 5:00p.m.	Virtual
<u>MARCH</u>			
13	501 Update	3:00p.m. – 5:00p.m.	Virtual
26, 27, 28	500/501 Training	9:00a.m. - 5:00p.m.	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>APRIL</u>			
23, 24, 25	500/501 Training	9:00a.m. – 5:00pm	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>MAY</u>			
8	501 Update	3:00p.m. – 5:00p.m.	Virtual
28, 29, 30	500/501 Training	9:00am – 5:00pm	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>JUNE</u>			
<u>JULY</u>			
10	501 Update	3:00p.m. – 5:00p.m.	Virtual
23, 24, 25	500/501 Training	9:00a.m. - 5:00p.m.	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>AUGUST</u>			
27, 28, 29	500/501 Training	9:00a.m. - 5:00p.m.	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>SEPTEMBER</u>			
25	501 Update	3:00p.m. – 5:00p.m.	Virtual
<u>OCTOBER</u>			
29, 30, 31	500/501 Training	9:00a.m. - 5:00p.m.	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209
<u>NOVEMBER</u>			
20	501 Update	3:00p.m. – 5:00p.m.	Virtual
<u>DECEMBER</u>			
10, 11, 12	500/501 Training	9:00a.m. – 5:00p.m.	Jacksonville Regional Operations Center, FDLE 921 N. Davis Street – Conference Room Bldg. E, Jax, FL 32209

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HIV 500/501 3- DAY CLASS REGISTRATION FORM

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

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 Name & Email: _____

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

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

Yes No

***Participant* Information Required Below**

4. Your Name: _____

5. Job Title: _____

6. Job Address: _____

City: _____

Zip Code: _____

7. Daytime Phone # _____

Work Email: _____

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

a. Enter dates desired: _____

b. Enter alternate dates: _____

Please Check: **Completed HIV 500 on-line course & printed certificate**

Please Check: **Faxed HIV 500 on-line course certificate AND 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?

A. Yes No B. Employer: _____

C. Supervisor Name & Email: _____

2. Did you complete the 3-day HIV 500/501 training and receive a certificate?

Yes No

***Participant* Information Required Below**

3. Your Name:

4. Job Title:

5. Job Address:

City:

Zip Code:

6. Daytime Phone #

Work 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 to 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.