



**STD/HIV Division
Training Registration Form – Verification of Prerequisites**

Completion of this form indicates your intention to attend the course indicated. This registration will not be processed without your supervisor's signature. Confirmation of enrollment will be sent when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered (unless otherwise indicated). In the event you must cancel – please notify the training staff at least three days prior to the event (unless it is an emergency).

PLEASE TYPE OR PRINT CLEARLY.

Course Information

Name of Course: _____

Date of Course: _____

City (if indicated): _____

Participant Contact Information

Name: _____

District or Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Verification of Prerequisites
SC HIV Laws: Date(s): _____ Instructor(s): _____
HIV 101: Date(s): _____ Instructor(s): _____
STD 101: Date(s): _____ Instructor: _____

Verification of Supervisor Approval

Supervisor's Signature: _____ Email: _____

(Your supervisor *must* sign this form to indicate knowledge of and agreement with your registration.)

Fax the completed form to 803-898-0573 to the attention of James Harris, Jr.

Note: Deadline for registration is 10 business days prior to all training dates.

If the confirmation letter/email is not received by the participant three days before the training, please contact James Harris by phone or email (below) to verify registration was received.

For additional information contact James Harris, Jr., STD/HIV Division Training Coordinator, at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov.