

CHART TRAINER REGISTRATION FORM

To be completed by the Trainer:

First Name *Last Name* *MI* *DOB (DD/MM/YYYY)*

PLEASE COMPLETE IF INFORMATION HAS CHANGED OR IF YOU ARE REGISTERING FOR THE FIRST-TIME AS A CHART TRAINER:

Indicate the primary Facility in which you work:

Facility Name *Street/PO Box*

City *Province/County* *Country* *Postal Code*

Professional e-mail *Personal e-mail* *Professional telephone*

Please Check one of the following to indicate the Facility Type:

Hospital Health Center/Clinic Pharmacy Training Center Medical/Nursing/Other School Other

Facility Sponsor: Government NGO/Not-for-Profit Private/For Profit Government/NGO

What type of health professional are you? <input checked="" type="checkbox"/> Check one.			
Nurse	<input type="checkbox"/> Student <input type="checkbox"/> Enrolled/Trained Clinical <input type="checkbox"/> Registered <input type="checkbox"/> Registered with a Degree <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Public Health <input type="checkbox"/> Family Nurse Practitioner	Physician	<input type="checkbox"/> Intern/Resident <input type="checkbox"/> General <input type="checkbox"/> OB/GYN <input type="checkbox"/> Internist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Infectious Disease
Dental services	<input type="checkbox"/> Dentist <input type="checkbox"/> Dental hygienist <input type="checkbox"/> Dental technician	Paramedical	<input type="checkbox"/> Student <input type="checkbox"/> Med Technician <input type="checkbox"/> Nursing auxiliary <input type="checkbox"/> Attendants
Laboratory	<input type="checkbox"/> Laboratory Scientist <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Technologist	Pharmacy	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacist Technician
Health Services Administrator	<input type="checkbox"/> Administrator/Manager	Social Services	<input type="checkbox"/> Counselor <input type="checkbox"/> Social Worker
Community-based worker	<input type="checkbox"/> Accompagnateur/ Community worker <input type="checkbox"/> Agent Sante/Health Aide <input type="checkbox"/> Agent Femme <input type="checkbox"/> Matrones/Traditional Birth Attendant (TBA)	Other	<input type="checkbox"/> Other, please specify:

Are you primarily a Classroom trainer Clinical trainer

What are your current job responsibilities? <input checked="" type="checkbox"/> Check one in each category, if applicable.
1) Primary
<input type="checkbox"/> Direct service provider <input type="checkbox"/> Trainer, Educator <input type="checkbox"/> Administrator/Manager <input type="checkbox"/> Other, please specify:
2) Secondary
<input type="checkbox"/> Direct service provider <input type="checkbox"/> Trainer, Educator <input type="checkbox"/> Administrator/Manager <input type="checkbox"/> Other, please specify:

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Please check all Training Topics in which you are competent as a trainer. Check all that apply.

- Adult learning
- ART
- Blood safety
- Community outreach
- Counseling/communication
- HIV Voluntary Counseling and Testing (VCT)
- Injection safety
- Laboratory
- Mass media
- Nutrition
- Opportunistic infections

- Palliative care
- Pharmacology
- PMTCT
- PMTCT Plus
- Policy system strengthening
- Prevention
- STI
- Strategic information
- TB
- Universal precautions and infection control

Please list all languages spoken fluently:
