



APPLICATION FOR REGISTRATION AND REREGISTRATION OF HIV TESTING PROGRAMS

Check if New Site Type of Site (CBO, clinic, church, jail, college, Independent, etc.)

Confidential Anonymous

Reregistration of Site Numbers:

I. Facility Name Telephone Number Street Address City County Zip Code Fax Name/Address of Facility Where Test Results are Delivered (if different) Contact Person Email County Where Tests are Conducted (if different) Contact Person(s) Hours of Operation Cost Languages Offered (including American Sign Language)

II. Rule 64D-2.006(11), F.A.C., requires that testing program directors have a minimum of 15 hours experience in counseling persons with human immunodeficiency virus (HIV). Has the director of the testing program met this requirement? YES NO

Name of Person Directing the Testing Program EMAIL ADDRESS for correspondence

III. Name of Physician Supervising the Testing Program Florida License Number

IV. Rule 64D-2.006(12), F.A.C., requires that all counselors who provide post-test counseling to HIV-positive clients complete specialized training in counseling and testing techniques. Have all counselors who provide this service completed specialized training? YES NO NOTE: Please complete section IVa on the back of this page, noting each counselor, relevant training, and the date the training was completed.

V. HIV tests to be performed (check all that apply): Venipuncture (blood draw) OraSure (oral) Rapid Viral Load / CD4 / Genotyping

HIV tests will be performed at: State Laboratory\*\* Commercial or Private Laboratory\*\*\* Both

\*\*If state laboratory: Do you have a current Memorandum Of Agreement (MOA) with the local health department? (Check ONE) Yes No N/A; we are a CHD site.

\*\*\*If commercial or private laboratory:

Name of Laboratory Performing HIV Test License Number

Street Address City County Zip Code

VI. I, \_\_\_\_\_, hereby affirm that my statements in this application are true and correct to the best of my knowledge and belief.

Signature Date

VII. NEW SITES ONLY: The registration fee for new sites is \$100.00. Make check payable to the Florida Department of Health.

Once approved by your local county Department of Health, Early Intervention Consultant, send the completed application and \$100 check to the following address: Department of Health HIV/AIDS and Hepatitis Section 4052 Bald Cypress Way, Bin A09 Tallahassee, Florida 32399-1715 Attention: Counseling and Testing Site Registration Phone: (850) 245-4336 Fax: (850) 922-4202

FOR SITES OFFERING RAPID TESTING: RAPID TESTING SITE NUMBER CLIA WAIVER ID # CLIA WAIVER EXPIRATION DATE

