

CLIA/Rapid Test Training Request Form

All requests are completed in the order in which they are received. Please allow up to a week for processing. * ***Denotes required fields.***

* Requested by: _____

* Facility Name and Facility ID #: _____

* Phone Number: _____

* FAX Number: _____

* Email: _____

* Please list the staff you wish to have trained:

* Completion date of staff for: HIV/STD Basic Training Course 1:

Completion date of staff for: HIV Prevention Behavior Change and Counseling Strategies Course 2: _____

* **Note** - In order to submit a request for these records online, a FAX number email address is necessary.

* Please indicate in the box below dates and times you are requesting training:

Questions: Contact Camille Cushinberry at (785) 296-7716, fax (785) 559-4229 or email ccushinberry@kdheks.gov.