

"TAKE CONTROL" PROVIDER REGISTRATION

EVENT **WORLD AIDS DAY** (111 NW 1st Street)
 AGENCY NAME: _____

INDICATE THE AVAILABILITY OF YOUR AGENCY

DATE:

MM	DD	YY
12	1	11

 HOURS:

HH	MM	A-PM
1	0	PM

 TO

HH	MM	A-PM
5	0	PM

SERVICES OFFERED											
HIV - Oraquick	HIV - Orasure	Syphilis	Gonorrhea	Blood Pressure	Body Mass Index	Women's Health	A - OTHER	B - OTHER	C - OTHER	D - OTHER	E - OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Mark all that apply ✕)

OTHER (Describe)

A - _____
 B - _____
 C - _____
 D - _____
 E - _____

NUMBER OF COUNSELORS (ONLY FOR TESTING SERVICES)

- 1st - COUNSELOR'S NAME
- 2nd - COUNSELOR'S NAME
- 3rd - COUNSELOR'S NAME
- 4th - COUNSELOR'S NAME
- 5th - COUNSELOR'S NAME

LANGUAGES		
ENG	SPH	CRL

ENG = English
 SPH = Spanish
 CRL = Creole

ARE YOU GOING TO USE A VAN ? **YES** **NO**

NUMBER OF ORAQUICK TO BE ADMINISTERED:

NUMBER OF 1628 FORMS NEEDED:

OTHER NEEDS *

- A - NUMBER OF CHAIRS
- B - NUMBER OF TABLES
- C - OTHER (Specify)

1 - _____
 2 - _____
 3 - _____
 4 - _____
 5 - _____
 6 - _____

Please complete only the area highlighted area and return by e-mail to Virginia Munoz (Virginia_Munoz@doh.state.fl.us)
 If questions, call Oscar Medina at 305-470-6942