<<<Enter MOH or Certification Body full name here>>>>

Insert MOH or Certification Body Logo

**HIV Tester Certification - Registration Sheet**

**TESTER INFORMATION** *(All Capital letters)*

Last Name ……………………………………..…… First Name: ……………………..…………………. Middle Name: ……………………….…...…

Professional registration number *(if available)*: …………………………..… Certification ID *(if available)*: …………………..….……..

Date of last training: …………/……………/..……….. Length of training *(days/weeks): ……………..…*

Type of Organization: Government FBO NGO Private Organization Name: ……………………………………

Certificate Issued: Yes No Date certificate issue: ………/…………/…………..

Time worked as HIV tester to date *(years or months)*: ......................................................................................................

Phone: ……………………………………………..…… Email *(if available):* ……………………………………………………….…………………

Preferred method of contact *(Tick one)*: Phone Email

**JOB TITLE** *(Tick one)*:

Counselor Health assistant Health attendant Lab technician Lab technologist

Lab Scientist Lab Assistant Medical doctor Assistant Medical Officer Midwife Nurse Assistant Nurse Other (specify) ……………..................................................................

**AFFILIATION** *(All Capital letters)*

Region: ………………………………………………………………………… District: …………..…………………………………..………………….

Name of Facility: …………………………………………………………………………………………………………………………………………….……………

Facility address: …………………………………………………………………………………………………………………………………………………………..

**Type of testing point** (*Tick one*):

VCT/HTC PMTCT ART Clinic Laboratory OPD

STI clinic TB clinic PITC Community IPD

**Testing Point in charge:**

Name: …………………………………..……… Phone: ……………………………………… Email: ..………………………………………………………….

**Facility in charge:**

Name: …………………………………..……… Phone: ……………………………………… Email: ..………………………………………….……………….

Date: ………/…………/……….. Completed by: …………………………………………. Signature: …………………………………….