



# CSTEP

## Registration Form

Please write clearly and answer all questions.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Day phone number \_\_\_\_\_ EXT. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

In which trainings are you interested? 2009:

- English Certification Palm Springs April 21-23
- Spanish Básico Santa Rosa April 28-29
- English Advanced Los Angeles May 5-7
- Spanish Certificacion Bakersfield June 3-5
- English Certification Oakland June 16-18
- Other (from [www.cstep.org](http://www.cstep.org)) \_\_\_\_\_

Work title (check only one):

- Benefits Counselor
- Case Manager-Social Worker
- Dietician
- Health Educator
- Mental Health Counselor
- Outreach Worker
- Peer Advocate
- Prevention Worker
- Registered Nurse RN
- Substance Abuse Counselor
- Treatment Advocate - Educator
- Volunteer
- Other:

Your fields of work (you may check more than one):

- Advocacy
- Benefits
- Faith based
- Family Services
- Health Clinic
- Health Provider
- HIV/AIDS Prevention
- HIV/AIDS Case Management
- HIV/AIDS Education
- Housing/
- Mental Health
- Substance Use
- Other:

Approximate HIV+ Caseload

- Less than 10%  10-25%  26-50%   
 51-75%  76-99%  100%

Do you provide direct services to clients?/

- YES  NO

Number of years in the human service field? \_\_\_\_

Do you supervise staff?/

- YES  NO

Number of years specifically working in HIV/AIDS? \_\_\_\_

Is CSTEP training required for your job?

- YES/  NO

Please remember: THE REGISTRATION IS NOT CONFIRMED UNTIL WRITTEN OR VERBAL CONFIRMATION FROM CSTEP  
 Fax this form to (415) 292-3404 or register online at [www.cstep.org](http://www.cstep.org).

More questions? Please contact Sardis S. Rodríguez  
 E-mail: [Sardis@apiwellness.org](mailto:Sardis@apiwellness.org) or or phone (415) 292-3420 ext. 377