

# OraQuick ADVANCE Rapid HIV Antibody Counseling & Testing Training



**PRESENTERS:** Rick Meriwether  
AIDS Training and Education Center  
AL/NC Prevention Training Center  
205-975-0380  
[rmeriwether@uab.edu](mailto:rmeriwether@uab.edu)

Kelly Ross-Davis  
UAB 1917 HIV Outpatient Clinic  
205-934-9253  
[krd@uab.edu](mailto:krd@uab.edu)

**PLACE:** Jefferson County Department of Health, 4<sup>th</sup> floor, Room 408 A/B  
1400 6<sup>th</sup> Avenue South  
Birmingham, AL  
Parking behind the building – the gate will enter automatically

**WHEN:** Friday, November 13th, 2009; 9:00 a.m. – 3:00 p.m.  
Light lunch provided.

**TO REGISTER:** Complete the 2<sup>nd</sup> page of this form and email to Kelly Ross-Davis,  
[krd@uab.edu](mailto:krd@uab.edu). Call 934-9253 for questions.

**LEARNING OBJECTIVES:** At the end of the training, attendees will be able to:

1. Summarize the process for use of the OraQuick ADVANCE Rapid HIV-Antibody test including quality control/assurance issues, documentation/records keeping, etc.;
2. Outline the process of confirmatory testing of all preliminary positive test results;
3. State the requirements of Alabama law as it pertains to HIV counseling, informed consent, reporting of positive results, etc.; and
4. Demonstrate through role play the ability to perform all aspects of HIV counseling for rapid tests, i.e. taking a sexual history, interpreting and giving test results, etc.

**CONTACT HOURS (for Nurses and Social Workers): 6**

**REGISTER by completing the form below and emailing to Kelly Ross-Davis, [krd@uab.edu](mailto:krd@uab.edu)**

**REGISTRATION is limited to 15 individuals. Deadline to register is Wed, November 13th, 2009**

**OraQuick Registration**  
**Friday, November 13, 9:00am – 3:00pm**

Name: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Title or Major: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently providing HIV Testing and Counseling at your organization? Yes No

If yes, what type of HIV Testing? \_\_\_\_\_

If no, are you planning to implement HIV testing after this training? Yes No

Are you planning to serve as part of the 1917 Clinic OraQuick Testing Team? Yes No

If yes, do you currently volunteer at 1917 Clinic? Yes No

How did you learn about this training? \_\_\_\_\_

Do you wish to receive Contact Hours (for Nurses and SWs)? Yes No

Special Needs (accessibility, dietary, etc): \_\_\_\_\_

Thank you.

Please email this form to Kelly Ross-Davis, [krd@uab.edu](mailto:krd@uab.edu).

You will receive an email confirming your registration.