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Rwanda Biomedical Center

**HIV Tester Certification - Registration Sheet**

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

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

*(Surname) (Given name)*

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

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

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

Medical doctor Assistant Medical Officer Midwife Registered Nurse Nurse Assistant

*Lab Scientist Lab Assistant* Other *(specify)* ……………...............

**AFFILIATION**

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

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

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

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

VCT/HTC PMTCT CTC Laboratory OPD PITC

STI clinic TB clinic IPD Community

**Testing Point in charge**

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

**Facility in charge**

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

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