

# T-TAP Application-Getting Started

*Please follow the steps below to successfully register for training.*

STEP 1: Make sure to that you complete [Pages 1 & 2](#) of the application form.

STEP 2: Email, fax or mail the application to T- TAP (see contact information below).

STEP 3: Wait for your confirmation letter and/or email. Applicants are considered registered only when you receive a confirmation letter.

**Please note:** Agencies that plan to register more than one staff person must complete a separate "T-TAP Application Form" for each individual staff person.

*Supervisor approval is required for non-clinical staff to attend all trainings held at the Training and Technical Assistance Program. Supervisory approval is not required for physicians, dentists or other clinicians.*

**Send completed forms by e- mail, fax or mail!**



By E- mail: [T\\_TAP@health.nyc.gov](mailto:T_TAP@health.nyc.gov)



By Fax:  
(347) 396-7791



By Mail:  
T- TAP Administrative Staff  
New York City Department of Health and Mental Hygiene  
Bureau of HIV/AIDS Prevention & Control  
Training and Technical Assistance Program  
42-09 28<sup>th</sup> Street, CN#A-1, Floor 22  
Long Island City, NY 11101

## T- TAP Application – Page 1 of 2

*(Please print name on all pages of application)*

<b>Today's Date:</b>	
<b>Participant Name (Please print clearly)</b>	
<b>Last:</b>	<b>First:</b>
<b>Middle Initial:</b>	
<b>Last Four Digits of Social Security Number:</b>	
<b>My Employer/Address/Phone Has Changed</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Please provide E-Mail Addresses. Check Off The Best E-Mail To Contact You.</b>	
Work E-Mail: _____	Yes    No
Agency E-Mail: _____	Yes    No
Alternate E-Mail: _____	Yes    No
<b>Business Phone:</b> (    )	<b>Fax:</b> (    )
<b>Organization Name:</b>	
<b>Employer's Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	
<b><u>SUPERVISOR APPROVAL</u></b>	
I approve staff member _____ To attend the training(s) as indicated on page 2 of the T- TAP application.	
<b>Supervisor's Name:</b> _____	<b>Supervisor's E-Mail:</b> _____
<b>Supervisor's Telephone Number:</b> _____	



# T- TAP Application – Page 2 of 2

PARTICIPANT NAME \_\_\_\_\_ LAST (4) DIGITS OF SS# \_\_\_\_\_

<b>CORE TRAINING PROGRAM</b> You may choose up to 4 Core Training form this category. Contact T- TAP supervisory staff if additional training is required.	<b>DATE</b> (1 <sup>st</sup> Choice)	<b>DATE</b> (2 <sup>nd</sup> Choice)
HIV 101 <span style="float: right;">Yes <input type="checkbox"/></span>		
HIV Testing Module 1 (morning) <span style="float: right;">Yes <input type="checkbox"/></span>		
HIV Testing Module 2 (afternoon) <span style="float: right;">Yes <input type="checkbox"/></span>		
Fundamentals HIV Prevention Counseling <span style="float: right;">Yes <input type="checkbox"/></span>		
FC2 (Female Condom) TOT <span style="float: right;">Yes <input type="checkbox"/></span>		
Group Facilitation <span style="float: right;">Yes <input type="checkbox"/></span>		

For more Information about HIV Prevention, Treatment and Care Services in New York City, go to: [www.nyc.gov/health/hiv](http://www.nyc.gov/health/hiv)

**The City of New York**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
 Thomas Farley, MD, MPH  
 Commissioner

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 nyc.gov/health  
 Revised: November 16, 2011

