

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
HIV/AIDS EDUCATION PROGRAM
1500 BISCAYNE BLVD., ROOM 316
TEL.: (305) 995-7118 FAX.: (305) 995-7122**

HIV/AIDS MATERIALS REVIEW COMMITTEE APPLICATION

Date: _____

I. GENERAL INFORMATION

Name: _____

Agency Affiliation (if any): _____

Agency Address: _____

Phone: _____ Language(s) Other than English: _____

Received AIDS training at _____

Please attach a copy of any certificates of successful AIDS course completion and a copy of your most recent resume.

II. PROGRAM DATA

A. Area(s) of Expertise (indicate years of experience for all that apply.)

	Years of Experience
Elementary Students	_____
Middle School Students	_____
Senior High School Students	_____
School-Age Youth Who Do Not Attend School	_____
Parents/Adult/Community Members	_____
Other (specify) _____	_____
_____	_____

III. ADDITIONAL INFORMATION/COMMENTS _____

