



## AIDS Drug Assistance Program and Pre-Exposure Prophylaxis Assistance Program New Enrollment Worker Training/Enrollment Site Transfer Request

This form must be completed by individuals presently working at a **contracted** AIDS Drug Assistance Program (ADAP) and/or Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Enrollment Site.

To become a certified ADAP and/or PrEP-AP Enrollment Worker you must take the required on-demand Enrollment Worker Certification Training course(s) for the ADAP and/or PrEP-AP. In addition, you will need to take the on-demand ADAP Enrollment System (AES) Training.

Please complete **all sections** of this form and submit the completed form to [ADAP.Training@cdph.ca.gov](mailto:ADAP.Training@cdph.ca.gov). **Incomplete or illegible forms will not be accepted.**

Once the completed form has been received and accepted, you will receive the online training links and instructions within two business days.

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Please Type or Print Legibly

First and Last Name: \_\_\_\_\_

Date of Birth (MM/DD): \_\_\_\_\_

Enrollment Worker E-Mail Address: \_\_\_\_\_

Enrollment Worker Contact Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Enrollment Site Fax Number: \_\_\_\_\_

Enrollment Site number(s) (list all sites that apply): \_\_\_\_\_

Training for (check all that apply): ADAP  PrEP-AP

Enrollment Site Name and Address (list all sites that apply):  
\_\_\_\_\_  
\_\_\_\_\_

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(Signature)

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(Date)



**ADAP/PrEP-AP Enrollment Site Supervisor Signature:**

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Enrollment Site Name/Number

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Site Contact/Supervisor Name

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Site Contact/Supervisor Telephone Number

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Site Contact/Supervisor Signature

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS