Republic of the Philippines
Department of Health
National Reference Laboratory for HIV/AIDS for Hepatitis B/C and other STIs
San Lazaro Hospital-STD AIDS Cooperative Central Laboratory
Quiricada St., Sta. Cruz, Manila Tel Nos: (632)3109528 to 29, Fax No: (632)711-4117
Website: www.nrlslhsaccl.com.ph Email: www.nrlhivtraining@gmail.com

Training Application Form-1
HIV Proficiency

Laboratory's Profile

Title of training course applied for:		
Purpose of applying for the training:		
Name of agency & address:		Tel. no.: Fax: Email:
Name of the head of the agency:	Designation:	
Ownership ☐ Government ☐ Private	Institutional Character ☐ Institution based ☐ Free-standing	Service Capability ☐ Primary ☐ Secondary ☐ Tertiary
Licensed to operate Yes No	HIV Accredited Yes No	Purpose of HIV testing ☐ Diagnosis ☐ Blood transfusion ☐ Employment
Give a brief description of work and services that your laboratory department it provide:		

Number of HIV Proficient MT in your laboratory:

Name	HIV Prof. Cert. no. / Date issued	Trainer (Ex:_BRL,_RITM,_SACCL)

HIV testing laboratory capability:

Please, check if any of the if:	Brands of reagents used	Ave. Number of specimens done/month
HIV-Ab testing PA Others Rapid EIA		
Syphilis testing RPR Others TPPA/TPHA		
Hepatitis B testing Rapid Others EIA		
Hepatitis C testing Rapid Others EIA		
Enumerate name of agencies that your laboratory you cater:		

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2 x 2 picture

Surname	First Name	MI	
Age/Sex	Date of Birth	PRC License/Expiry Date	Religion
Home Address:		Tel. No. Mobile Number: Email Address:	

Educational Background

Institution	Address	Years Attended	Degree Earned

Trainings attended related to HIV/STD for the past 5 years (use separate sheet if necessary)

Name of employer	Date of service	Position

I accept that after the training, I agree:

1. to carry out such instructions and abide by the conditions as maybe stipulated by both the nominating agency and by the training institution;
2. to follow the course of the training and abide the rules of the training institution which I undertake to train;
3. to transfer the technology learned to my colleague and to remain in my agency for a period that I and my nominating agency have agreed upon;
4. to return to my_____(agency) as soon as training ceases.

Date: _____

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PROCEDURE IN APPLYING FOR HIV PROFICIENCY TRAINING

1. Download application form at SACCL website: nrlslhsaccl.com.ph
2. Accomplished application form and attached the following requirements:
   a) Photocopy of PRC ID
   b) Letter of endorsement from Pathologist or Head of the agency certifying that he/she is a practicing medical technologist in the laboratory for at least 6 months.
   c) Photocopy of License to Operate (Hospital, Laboratory, Blood Bank)
3. Submit application form together with the requirements either by handcarry or courier to:
   NRL-STD/AIDS Cooperative Central Laboratory (SACCL)
   Bldg. 17 ,San Lazaro Hospital
   Quiricada St., Sta. Cruz, Manila
   For inquiry, please contact training coordinator at the following numbers:
   Tel: 309-9528 / 309-9529 / 732-3776 loc 207 Fax No: 711-4117

Or send your queries at:

Email: nrlhivtraining@gmail.com

4. Participant will be informed thru SMS or email that she/he is accepted to the training and will be instructed to pay the Registration Fee of Php 18,000 directly to San Lazaro Hospital Cashier or thru the following:
   Bank Name: Land Bank of the Philippines
   Account Name: San Lazaro Hospital
   Account Number: 1432-1044-15
5. Acceptance to the training is on a " first come first serve basis"