Training Schedule Template

MONDAY - DAY 1

Start Time	-	End Time	Total Time		Description	Module #	Faculty
			Hours	Min.			
_____	-	_____		30	Registration		_____
_____	-	_____	1	00	Welcome Remarks & Introductions		_____
_____	-	_____		15	Workshop Goals, Objectives ▪ Ground Rules, Parking Lot		_____
_____	-	_____		30	Curriculum Overview		_____
_____	-	_____		30	Pre-test		_____
_____	-	_____		30	Overview of HIV Infection	1	_____
_____	-	_____		30	Integration of HIV Rapid Testing in HIV Prevention & Treatment Programs	2	_____
_____	-	_____	1	05	Overview of HIV Testing Technologies	3	_____
_____	-	_____	1	00	HIV Testing Strategies and Algorithms	4	_____
_____	-	_____		30	Review, Q& A, Evaluation		_____
Total Time			6	20			

TUESDAY - DAY 2

Start Time	-	End Time	Total Time		Description	Module #	Faculty
			Hours	**Min.**			
_____	-	_____	1	15	Assuring Quality of HIV Rapid Testing	5	_____
_____	-	_____		45	Safety at the Testing Site	6	_____
_____	-	_____		30	Documents and Records	15	_____
_____	-	_____		45	Professional Ethics	16	_____
_____	-	_____		50	Preparation for Testing: Supplies and Kits	7	_____
_____	-	_____	2	30	Blood Collection: Fingerprick ▪ Video ▪ Presentation/Demo ▪ Practice Session	8	_____
_____	-	_____		30	Review, Q& A, Evaluation		_____
Total Time			7	05			

WEDNESDAY - DAY 3

Start Time	-	End Time	Total Time		Description	Module #	Faculty
			Hours	**Min.**			
_____	-	_____		45	Quality Control	12	_____
_____	-	_____	5	30	Performing HIV Rapid Tests ▪ Session 1 ▪ Session 2	9	_____
_____	-	_____		20	Review, Q& A, Evaluation		_____
Total Time			6	35			

THURSDAY - DAY 4

Start Time	-	End Time	Total Time		Description	Module #	Faculty
			Hours	**Min.**			
_____	-	_____	1	00	Inventory: Managing Stocks at the HIV Rapid Testing Site	10	_____
_____	-	_____		55	Use and Care of Equipment	11	_____
_____	-	_____	1	30	External Quality Assessment (EQA)	13	_____
_____	-	_____	1	30	Blood Collection and Handling: DBS	14	_____
_____	-	_____	2	00	Site Visits		_____
Total Time			6	55			

FRIDAY - DAY 5

Start Time	-	End Time	Total Time		Description	Module #	Faculty
			Hours	**Min.**			
_____	-	_____		30	Review of Site Visits		_____
_____	-	_____		30	Q & A		_____
_____	-	_____		30	Written Post-Test		_____
_____	-	_____	2	30	Final Practical Exam (Session 3)		_____
_____	-	_____		30	Summary/Reflections		_____
_____	-	_____		45	Closing Ceremony ▪ Awarding of Certificates		_____
Total Time			5	15			