



# The Community Wellness Project

January 3, 2014

Dear Colleague,

On behalf of the Community Wellness Project (CWP), and Lucid Communications, we are pleased offer the SISTA Intervention training.

As you may know, *Sisters Informing Sisters on Topics about AIDS (SISTA)* which is a group-level, gender and culturally relevant intervention, designed to increase condom use among heterosexually active African American and Hispanic women has been de-emphasize to focus on the new health care reform guidelines, High Impact Prevention (HIP) . These programs are targeted directly toward people living with HIV/AIDS or Prevention with Positives (PWP). As a result, training for the SISTA Intervention is no longer available, yet because SISTA is one of very few interventions geared toward women, many health departments and other funding sources are still funding this intervention.

As the curriculum developers and Master level trainers for the Center for Disease Control on the SISTA Intervention, we are offering you an opportunity to receive training on this wonderful women specific intervention. The training will provide actual implementation of the intervention, HIV/AIDS education and facilitation skills, recruitment and retention strategies, program evaluation and key skills-building activities to further enhance the delivery of the SISTA intervention.

The training will begin on Monday, February 10 -14, 2014, at The Community Wellness Project, 906 Olive Street, Suite 425, St. Louis, MO, 63101 with a start time of 8:30 a.m. each morning, and conclude each day at 5:30 p.m. Training will include all related materials and documents to certify participant trainees as a SISTA Facilitator. Participants are expected to attend the full training in order to receive certification, so please make your travel arrangements to leave a minimum of 2 hours after the end of the final day of training. No exceptions please.

Attached, please find the SISTA registration form. Please submit your completed registration form by Friday, January 21, 2014 to Delphia Johnson at [officemanagercwp@yahoo.com](mailto:officemanagercwp@yahoo.com) or you may complete the online registration at [www.cwpstl.org](http://www.cwpstl.org). Upon receipt of your completed registration and payment, a more detailed confirmation letter regarding the training will be sent to you.

All participant trainees are responsible for their own travel costs; we have attached a list of surrounding hotels for your convenience and are available to assist you with additional travel recommendations. Please feel free to share this information with other organizations whom may be interested in this SISTA training. If you would like to know more about this great opportunity, give our office a call at (314) 421-9600 between the hours of 9:00 a.m. and 5:00 p.m., c.s.t., for assistance.

Sincerely,

*Dana P. Williams*

Dana Williams, CDC SISTA Master Trainer  
The Community Wellness Project

*Joan R. Ferguson*

Joan R. Ferguson, CDC SISTA Master Trainer  
Lucid Communications

# SISTA Skills Building Course

## Application Form

(February 10-14, 2014 ~ 8:30 a.m. to 5:30 p.m.)



Please complete application legibly and fax to (314) 421-9603 or email to Delphia Johnson at: [officemanagercwp@yahoo.com](mailto:officemanagercwp@yahoo.com) no later than (5:00 p.m., CST) on (Tuesday, January 21, 2014)

### Personal Information (Please print legibly)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Children:  Yes  No

\_\_\_\_\_ If yes, how many? \_\_\_\_\_

\_\_\_\_\_ Race: \_\_\_\_\_

Home/Cell Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Education:  K-6  7-12  High School Graduate  Some College  College Graduate

Are You Employed?  Yes  No

If yes, what's your job title? \_\_\_\_\_

Where do you work? \_\_\_\_\_

What are your hours? \_\_\_\_\_

Briefly describe your job role and responsibilities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Goals and Plans

My goals for taking this course are: \_\_\_\_\_

\_\_\_\_\_  
My plans for taking this course are: \_\_\_\_\_

\_\_\_\_\_  
My plans for utilizing this SISTA intervention are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**  Application Accepted

Application Not Accepted Why?

Company/Personal Check  MasterCard  VISA  American Express  Discover  Other