

Health Professional Application for Training – *Please print clearly*

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Today's date _____

Course title _____ Course date _____

First name _____ Middle Initial _____ Last name _____

Degree _____ Title/Position _____

Organization _____

Address _____

City _____ State _____ Zip _____ Country (if not US) _____

Daytime Phone _____ Alt Phone _____ E-mail _____

Your Unique ID number is the first two letters of your first name, the first two letters of your last name, the month of your birth, and the day of your birth. *For example:* John Smith, May 29 would be **JOSM0529**.

UNIQUE IDENTIFIER

FN	FN	LN	LN		M	M	D	D	

1. Your primary profession/discipline (*select ONE*):

- | | | |
|---|---|--|
| <input type="radio"/> Dentist | <input type="radio"/> Physician Assistant | <input type="radio"/> Social worker |
| <input type="radio"/> Other dental professional | <input type="radio"/> Clergy / Faith-Based Professional | <input type="radio"/> Substance abuse professional |
| <input type="radio"/> Advanced practice nurse | <input type="radio"/> Dietitian/Nutritionist | <input type="radio"/> Community health worker |
| <input type="radio"/> Registered nurse | <input type="radio"/> Health Educator | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> Licensed practical nurse | <input type="radio"/> Mental/behavioral health professional | |
| <input type="radio"/> Pharmacist | | |
| <input type="radio"/> Physician | | |

2. Your primary functional role (*select ONE*):

- | | |
|---|--|
| <input type="radio"/> Administrator (director, coordinator, manager, supervisor) | <input type="radio"/> Intern /resident |
| <input type="radio"/> Agency Board member | <input type="radio"/> Mental/behavioral health therapist |
| <input type="radio"/> Clinician/Care provider | <input type="radio"/> Outreach staff |
| <input type="radio"/> Case manager | <input type="radio"/> Peer support provider |
| <input type="radio"/> Client/patient counselor | <input type="radio"/> Researcher / evaluator |
| <input type="radio"/> Client/patient educator | <input type="radio"/> Student/Graduate Student |
| <input type="radio"/> Clinical/medical assistant | <input type="radio"/> Teacher / faculty |
| <input type="radio"/> Disease intervention specialist / Partner services provider | <input type="radio"/> Trainer / TA Provider |
| | <input type="radio"/> Other (please specify) _____ |

3. Your principal employment setting (*select ONE*):

- | | |
|--|--|
| <input type="radio"/> Academic Health Center | <input type="radio"/> Hospital/Hospital-affiliated clinic |
| <input type="radio"/> College/University | <input type="radio"/> Military Health System/ Veterans Health Admin facility |
| <input type="radio"/> Community-based service organization (CBO) | <input type="radio"/> Private practice (Solo/group) |
| <input type="radio"/> Community health center (e.g. Federally Qualified Health Center) | <input type="radio"/> Rural health center |
| <input type="radio"/> Other non-profit health center | <input type="radio"/> State/local health department |
| <input type="radio"/> Community/retail pharmacy | <input type="radio"/> Tribal/Indian Health Service facility |
| <input type="radio"/> Correctional facility | <input type="radio"/> Non-Health Setting |
| <input type="radio"/> HMO/managed care organization | <input type="radio"/> Not working (Go to question 11) |
| | <input type="radio"/> Other: (please specify) |

4. Primary programmatic focus of your work (*select up to TWO*):

- | | |
|---|---|
| <input type="radio"/> HIV/AIDS | <input type="radio"/> Adolescent and/or pediatric health |
| <input type="radio"/> STD | <input type="radio"/> Emergency medicine / urgent care |
| <input type="radio"/> TB | <input type="radio"/> Primary care (e.g. general/family medicine) |
| <input type="radio"/> Hepatitis | <input type="radio"/> Mental/behavioral health |
| <input type="radio"/> Reproductive health / family planning | <input type="radio"/> Oral health |
| <input type="radio"/> Recovery support/ trauma/ domestic violence | <input type="radio"/> Other infectious diseases |
| <input type="radio"/> Labor and delivery | <input type="radio"/> Other (please specify) |

5. Primary Employment Setting

- a. ☐ Rural ☐ Suburban/urban

b. Zip code

(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)

6. Is your employment setting a faith-based organization?

- | Yes | No | Don't Know |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Does your employment setting receive funding from any of these sources (select all that apply)?

- | | Yes | No | Don't Know |
|------------------------------|-----------------------|-----------------------|-----------------------|
| a. Ryan White Program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Title X / Family Planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. CDC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. SAMHSA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Minority AIDS Initiative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Please write the FULL name of your agency:

Some programs and organizations provide services to a particular population group. In the following questions, please tell us about the population groups your program or organization serves.

9. Does your program predominantly serve any racial and ethnic minority groups?

- ☐ Yes (answer question 9a)
- ☐ No, my program does not focus on any specific racial and ethnic groups (Go to question 10)
- ☐ Don't know (Go to question 10)

9a. If yes, select up to TWO of the following racial and ethnic groups that are a focus of your program:

- ☐ American Indians or Alaska Natives
- ☐ Asians
- ☐ Blacks or African Americans
- ☐ Hispanics or Latinos/as
- ☐ Native Hawaiians or Pacific Islanders

10. Does your program predominantly serve any special populations?

- ☐ Yes (answer question 10a)
- ☐ No, my program does not focus on any specific population groups (Go to question 11)
- ☐ Don't know (Go to question 11)

10a. If yes, choose up to THREE of the following populations served by your program:

- | | |
|---|---|
| <input type="radio"/> Adolescents | <input type="radio"/> Recent immigrants/refugees/migrants or seasonal workers |
| <input type="radio"/> HIV+ individuals | <input type="radio"/> Sex workers |
| <input type="radio"/> Homeless individuals | <input type="radio"/> Substance users |
| <input type="radio"/> Incarcerated individuals/parolees | <input type="radio"/> Transgender individuals |
| <input type="radio"/> Low-income individuals | <input type="radio"/> Women |
| <input type="radio"/> Men who have sex with men | <input type="radio"/> Other (<i>please specify</i>) |
| <input type="radio"/> Men who have sex with men and women | _____ |
| <input type="radio"/> Older adults | |
| <input type="radio"/> Pregnant women | |

11. What is your racial background? (Select all that apply?)

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> Black or African American | |

12. Are you of Hispanic, Latino/a, or Spanish origin?

- | | |
|-----------------------|-----------------------|
| Yes | No |
| <input type="radio"/> | <input type="radio"/> |

13. What is your gender?

- | | | | |
|-----------------------|-----------------------|-----------------------------|-----------------------------|
| Female | Male | Transgender: Female to male | Transgender: Male to female |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. Do you provide services directly to clients or patients?

- ☐ Yes (Go to question 15)
- ☐ No (Stop here. You are done with this form.)

15a. Please estimate the PERCENTAGE of your OVERALL CLIENT/PATIENT population in the past YEAR who were racial-ethnic minorities:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None/yr. | 1-24%/yr. | 25-49%/yr. | 50-74%/yr. | ≥75%/yr. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15b. Please estimate the PERCENTAGE of your OVERALL CLIENT/PATIENT population in the past YEAR who received routine HIV testing:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None/yr. | 1-24%/yr. | 25-49%/yr. | 50-74%/yr. | ≥75%/yr. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Do you provide services directly to HIV-infected clients/patients?

- ☐ Yes (Go to question 17)
- ☐ No (Stop here. You are done with this form.)

17. How many YEARS have you been providing services directly to HIV-infected clients/patients?

(Round up to the nearest whole year)

<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

18. Estimate the NUMBER of HIV-infected clients/patients to whom you provide direct services in an average MONTH.

None/mo.	1-9/mo.	10-19/mo.	20-49/mo.	≥50/mo.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Questions 19 through 22, estimate the PERCENTAGE of your HIV-infected clients/patients in the past YEAR who are:

19. Racial-ethnic minorities

None/yr.	1-24%/yr.	25-49%/yr.	50-74%/yr.	≥75%/yr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Co-infected with Hepatitis C

None/yr.	1-24%/yr.	25-49%/yr.	50-74%/yr.	≥75%/yr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Receiving antiretroviral therapy

None/yr.	1-24%/yr.	25-49%/yr.	50-74%/yr.	≥75%/yr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Women

None/yr.	1-24%/yr.	25-49%/yr.	50-74%/yr.	≥75%/yr.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your valuable time.

Local Use Only:

EventID: _____