

## **AIDS Education and Training Center (AETC) Instructions for Completing the Participant Information Form (PIF)**

The following instructions will help you complete the PIF. The numbers listed on the left correlate to the item number on the form.

1. The Unique ID Number is for AETC tracking. The number will not identify you specifically. HRSA uses this method so there will not be duplications when conducting data analysis. Enter the month and day of birth along with the last four digits of your social security number. For example, someone who was born on September 1, 1960 with a SS # of 123-45-6789 should enter their Unique ID as 09016789.

2. Enter today's date. For example, October 1, 2007 should be entered as 10/01/07.

3. Select only one primary profession or discipline. If "other" is selected, write in your primary discipline. If you are currently not working or are seeking work, select either the profession in which you last worked or the one in which you are seeking work. See the selected examples below:

*Other Dental Professional:* Dental Hygienist, Dental Assistant.

*Nurse Practitioner:* Certified Registered Nurse Practitioner, Nurse Practitioner.

*Other Advanced Practice Nurse:* Nurse Midwife; Nurse Clinical Specialist; Nurse Anesthetist.

*Nurse:* Licensed Practical Nurse, Registered Nurse, Bachelor of Nursing.

*Physician:* Any specialty, including psychiatrist.

*Health Educator:* Formal training as a health educator (and not also trained as a nurse, physician, PA, social worker, or mental health professional).

*Mental Health Professional:* Psychologist, Counselor, Caseworker, Psychiatric Aide, Human Service Workers (e.g., children's services, geriatric services), Family Therapist Marriage Counselor.

*Public Health Professional:* MPH/MSPH, Biostatistician, Epidemiologist, Occupational Health Therapist, Environmental Health Specialist, Health Information Specialist.

*Substance Abuse Professional:* Counselor; Outreach Worker, Addiction Specialist.

4. Select only one primary functional role. If "other" is selected, write in your primary role in your organization.

5. Your principal employment setting is where you spend 51 percent or more of working time. If appropriate, select Not Working and skip to Item 9.

6. Select the location of your primary employer and enter its 5 digit zip code. Print legibly.

7. Is the employment setting a faith-based organization? If you are not working or are a Student/Graduate Student with no patient contact, leave this question blank.
8. Does the employment setting receive Ryan White CARE Act funding? If “Don’t Know” is selected, enter the name of the organization. Print legibly and spell out all acronyms.

9. Indicate whether or not you are of Hispanic, Latino/a, or Spanish origin.

*Hispanic or Latino/a* is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

10. You may select more than one race.

*American Indian or Alaska Native* is a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

*Asian* is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Black or African American* is a person having origins in any of the black racial groups of Africa.

*Native Hawaiian/Other Pacific Islander* is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*White* is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

11. Select your gender.

12. This question asks if you, not your employer, provide services directly to clients/patients. If you select “no,” please stop and do not complete the remainder of this form.

13. The question asks if you provide services directly to HIV-infected clients/patients. If you select “no/don’t know,” please stop and do not complete the remainder of this form.

14. Enter the number of years you have been providing services directly to HIV-infected patients. Be sure to round up to the nearest whole year. For example, 8.5 years should be entered as 09 (9 years).

15. Estimate the number of HIV-infected patients/clients you personally provide services to in an average month. If you select “none,” please stop and do not complete the remainder of this form.

- 16 – 18. The final three questions ask about the percentage of specific populations of HIV-infected clients/patients you serve annually.