OMB No.: 0915-0281
Expires:

ER

HRSA AIDS Education and Training Centers
EVENT RECORD

1. Date of Event (mm/dd/yy)

[ ][ ] / [ ][ ] / [ ][ ]
mm *dd* *yy*

2. Topics (Fill in the circle(●) to the left of ALL topics covered in the program.)

Clinical Management/Treatment
O 1. Adherence
O 2. Antiretroviral Treatment
O 3. Non-ART Treatment
O 4. Basic Science/Epidemiology
O 5. Clinical Manifestations of HIV Disease
O 6. Co-Morbidities
O 7. HIV Routine Laboratory Tests
O 8. Hepatitis A, B, C
O 9. Nutrition
O 10. Opportunistic Infections
O 11. Oral Health
O 12. Post-Exposure Prophylaxis, (Occupational & Non-Occup)
O 13. Resistance
O 14. Routine Primary Care Screenings

Health Care Organization and Delivery Issues
O 15. Agency Needs Assessment
O 16. Community Linkages
O 17. Cultural Competence
O 18. Education Development/Delivery
O 19. Grant Issues
O 20. Health Literacy
O 21. Health Care Development/Clinical Service Coordination
O 22. Health Care Organization and Finances
O 23. HIPAA/Confidentiality
O 24. Quality Improvement
O 25. Resource Allocation
O 26. Technology

Prevention and Behavior Change
O 27. HIV Risk Assessment/Screening
O 28. Risk Reduction
O 29. Routine HIV Testing

Psychosocial Issues
O 30. Mental Health
O 31. Substance Abuse

Targeted Populations
O 32. Adolescent (Ages 13 – 24)
O 33. Children (Birth – 12)
O 34. Gay/Lesbian/Bisexual/Transgender
O 35. Homeless/Unstably Housed
O 36. Immigrant/Border Populations
O 37. Incarcerated Individuals
O 38. People Over 50 Years of Age
O 39. Racial/Ethnic Minorities
O 40. Rural Populations
O 41. Women
O 42. Other Population (*specify*) _____

3. Indicate if funds from any of the following initiatives were used to support this event. (Select all that apply)

O American Indian/Alaska Native
O Border Health Initiative
O Minority AIDS Initiative (MAI)
O None of the above

4. Select all organizations that helped with this event. (Select all that apply)

O None

Other AETCs
O Delta
O FL/Caribbean
O Midwest
O Mtn. Plains
O New England
O NY/NJ
O Northwest
O Pacific
O PA/Mid-Atlantic
O Southeast
O TX/OK
O Ntl. Clinicians' Consult. Ctr. (NCCC)
O Ntl. Minority AETC
O Ntl. Resource Ctr.
O Ntl. Evaluation Ctr.

Other Training Centers
O Addiction Technology Transfer Center (ATTC)
O Area Health Ed. Center (AHEC)
O Prevention Training Center (PTC)
O Regional Training Center (RTC)
O TB Training Center

Other Agencies
O AIDS Community-Based Organization
O College/University/Health Professions School
O Faith-Based Organization
O Community Health Center
O Historically Black College or University/Hispanic Serving Institution/Tribal College or University
O Hospital/Hospital-Based Clinic
O Ryan White CARE Act Funded Programs

5. # of Participants [ ][ ][ ][ ]

6. # PIFs collected [ ][ ][ ][ ]

7. Length of Session

Total Hours of Event: Fill in hours of event to the nearest quarter hour: .25=1/4 hour, .50=1/2 hour, .75=3/4 hour

Level I	Didactic Presentation	[ ][ ] .	[ ][ ]
Level II	Skills Building	[ ][ ] .	[ ][ ]
Level III	Clinical Training	[ ][ ] .	[ ][ ]
Level IV	Group Clinical Consultation	[ ][ ] .	[ ][ ]
Level IV	Individual Clinical Consultation	[ ][ ] .	[ ][ ]
Level V	Technical Assistance	[ ][ ] .	[ ][ ]

8. Select the following training modalities or technologies that were applied in this event. (Select all that apply)

O Chart/Case Review
O Clinical Preceptorship/Mini-Residency
O Computer-based
O Conference Call/Telephone
O Lecture/Workshop
O Role Play/Simulation
O Self-study
O Telemedicine

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