Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0281 and the expiration date is XX/XX/XXXX. Public reporting burden for this collection of information is estimated to average .20 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

HRSA AIDS Education and Training Centers
EVENT RECORD

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

☐☐ / ☐☐ / ☐☐

mm dd yy

2. Name of Event: _____

3. Training Location Zipcode ☐☐☐☐☐

4. Topics (Fill in the bubble to the left of ALL topics covered in the program.)

Clinical Management

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. Pediatric HIV Management/ Perinatal Transmission
O 13. Pre/Post-Exposure Prophylaxis, (Occupational & Non-Occupational)
O 14. Reproductive Health
O 15. Resistance/ Genotype-Phenotype Interpretation
O 16. Routine Primary Care Screenings

Health Care Organization and Delivery Issues

O 17. Agency Needs Assessment
O 18. Community Linkages
O 19. Cultural Competence
O 20. Education Development/Delivery
O 21. Grant Issues
O 22. Health Literacy
O 23. Healthcare Development/ Clinical Service Coordination
O 24. Healthcare Organization and Finances
O 25. HIPAA/Confidentiality
O 26. Quality Improvement
O 27. Resource Allocation
O 28. Technology

Prevention and Behavior Change

O 29. Risk Assessment
O 30. Risk Reduction/Harm Reduction
O 31. Routine HIV Testing

Psychosocial Issues

O 32. Mental Health
O 33. Substance Abuse

Targeted Populations

O 34. Adolescent (Ages 13-24)
O 35. Children (Birth – 12)
O 36. Gay/Lesbian/Bisexual/Transgender
O 37. Homeless/Unstably Housed
O 38. Immigrant/Border Populations
O 39. Incarcerated Individuals
O 40. People Over 50 Years of Age
O 41. Racial/Ethnic Minorities
O 42. Rural Populations
O 43. Women
O 44 Other Population _____

5. Were any funds from the following initiatives used to support this event?

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

6. What other organizations 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. Multi-Cultural Ctr.
O Ntl. Resource Ctr. (NRC)
O Ntl. Evaluation Ctr.(NEC)
O CBA For CHCs

Other Training Centers

O Addiction Technology Transfer Center (ATTC)
O Area Health Education Center (AHEC)
O Prevention Training Center (PTC)
O Regional Training Center (RTC)
O TB Training Center

Other Agencies

O AIDS Community-Based Organizations
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 Agencies funded by Ryan White Program
O Tribal Health Organizations
O Corrections

7. # of Participants ☐☐☐☐

8. # PIFs collected ☐☐☐☐

9. Length of Session

Total Hours of Event: Fill in hours of event to the nearest quarter hour; .25 = ¼ ; .50 = ½ hour; .75 = ¾ 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**	☐☐☐ .	☐☐

10. Select the training modalities or technologies that were applied in the 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
O Webcast/Webinar

Office Use Only		***AETC*** ☐☐	**LPS** ☐☐☐	Agency ☐☐☐☐	Program ID ☐☐☐☐☐☐☐☐