

**O'Connor, Anne E.**

---

**From:** O'Connor, Anne E.  
**Sent:** Wednesday, November 16, 2005 11:05 AM  
**To:** OMB Clearance; Perryman, Seleda  
**Cc:** O'Connor, Anne E.; Chorba, Terry  
**Subject:** 83-C for 0920-0017



STD\_form.pdf (198  
KB)

NCHSTP is requesting OMB approval to add another registration form to OMB Control No. 0920-0017.

Number of Respondents: 10,000  
Number of Responses: 1  
Time to complete the form: 5 minutes  
Additional burden: 834 hours

Justification: CDC funds a group of regional centers that provides training in the diagnosis, treatment, and prevention of STDs and HIV for health care professionals and prevention specialists (e.g., clinicians, disease intervention specialists, counselors, health educators, etc.) The proposed data collection instrument will allow CDC to determine whether the training centers are reaching their target audiences in terms of provider type, the types of organizations in which participant work, the focus of their work and the geographic areas. The data collection instrument will collect information from participants on their 1) occupations, professions, and functional roles; 2) principal employment settings; 3) location of their work settings; and 4) programmatic and population foci of their work.

CDC notes that OMB approval for 0920-0017 expires in June, 2006. CDC will include this data collection instrument when it submits its next request for approval.

Please call if you need more information,  
Anne

Anne O'Connor, M.S., MT(ASCP)  
Office of Planning and Policy Coordination  
National Center for HIV, STD, and TB Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE MS E07  
Atlanta, GA 30333  
Phone: (404) 639-2713  
Fax: (404) 639-3125  
Email: aoconnor@cdc.gov

## **STD/HIV Prevention Training Center Participant Information Data Collection**

The National Network of STD/HIV Prevention Training Centers (NNPTC) is a CDC-funded group of regional centers that provides high-quality training in the diagnosis, treatment, and prevention of STDs and HIV for health care professionals and prevention specialists (e.g., clinicians, disease intervention specialists, counselors, health educators, administrators, and others responsible for implementing STD/HIV services and interventions) across the United States.

The proposed data collection instrument will serve as a registration form for students attending NNPTC training events. This data collection will enable us to determine whether the PTCs are reaching their target audiences in terms of provider type, the types of organizations in which they work, the focus of their work and the PTC geographic coverage areas.

To this end we plan to collect information about the participants attending the STD/HIV Prevention Training Centers (PTC) courses in the following areas:

- their occupations, professions, and functional roles
- their principal employment settings
- the geographic location of their employment settings
- the programmatic and population foci of their work

The PTCs train a total of approximately 10,000 health care professionals and prevention specialists per year.

The draft NNPTC Participant Information Form takes approximately five (5) minutes to complete.

### **DSTDP Contact:**

Rheta Barnes  
MS E-02  
tel: 404.639.1826  
fax: 404.639.5210  
email: [rbarnes@cdc.gov](mailto:rbarnes@cdc.gov)

**CDC National Network of STD/HIV Prevention Training Centers  
PARTICIPANT INFORMATION FORM**

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 \_\_\_\_\_

To create your unique ID number, use 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 has the ID number JOSM0529	# # <small>(first 2 letters of your first name)</small>	# # <small>(first 2 letters of last name)</small>	M M <small>(Month of birth)</small>	D D <small>(Day of birth)</small>

- Your gender:  Female  Male  Transgender
- Your ethnicity (select one):  Hispanic or Latino  Not Hispanic or Latino
- Your racial background (select one or more):  
 American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White
- Your occupation classification (select one):  
 Clinical/laboratory..... Answer questions 5-6  
 Non-clinical..... Answer questions 7-8

<ol style="list-style-type: none"> <li>Your profession (select one):  <input type="checkbox"/> Advanced practice nurse <input type="checkbox"/> Registered nurse <input type="checkbox"/> LPN/LVN <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant  <input type="checkbox"/> Laboratorian <input type="checkbox"/> Other: _____</li> <li>Your primary functional role (select one):  <input type="checkbox"/> Clinician <input type="checkbox"/> Administrator <input type="checkbox"/> Supervisor <input type="checkbox"/> Program manager/coordinator <input type="checkbox"/> Case manager  <input type="checkbox"/> Prevention case manager <input type="checkbox"/> Counselor <input type="checkbox"/> Researcher <input type="checkbox"/> Resident/fellow <input type="checkbox"/> Laboratorian  <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Health educator <input type="checkbox"/> Trainer <input type="checkbox"/> Outreach  <input type="checkbox"/> Disease intervention/investigation <input type="checkbox"/> Not employed <input type="checkbox"/> Other: _____</li> </ol>	Clinical/Laboratory
---	---------------------

<ol style="list-style-type: none"> <li>Your profession (select one):  <input type="checkbox"/> Epidemiologist <input type="checkbox"/> Community health worker <input type="checkbox"/> Disease intervention specialist/investigator  <input type="checkbox"/> Health educator <input type="checkbox"/> Social worker <input type="checkbox"/> Behavioral scientist <input type="checkbox"/> Counselor <input type="checkbox"/> Administrator  <input type="checkbox"/> Mental health therapist <input type="checkbox"/> Other: _____</li> <li>Your primary functional role (select one):  <input type="checkbox"/> Administrator <input type="checkbox"/> Supervisor <input type="checkbox"/> Program manager/coordinator <input type="checkbox"/> Case manager  <input type="checkbox"/> Prevention case manager <input type="checkbox"/> Counselor <input type="checkbox"/> Researcher/epidemiologist <input type="checkbox"/> Resident/fellow  <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Health educator <input type="checkbox"/> Trainer <input type="checkbox"/> Outreach  <input type="checkbox"/> Disease intervention/investigation <input type="checkbox"/> Not employed <input type="checkbox"/> Other: _____</li> </ol>	Non Clinical
--	--------------

9. Location of your principal employment setting: State or territory: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Your principal employment setting (select one):  
 State/local health department  Solo/group private medical practice  HMO/managed care organization  
 Hospital or hospital-affiliated clinic  Community/non-profit health center/clinic  
 Community-based service organization (CBO)  Correctional facility  Tribal/Indian Health Service  
 School/university (academic department)  School/university (student health clinic)  Capacity-Building Assistance (CBA) provider  Military  Not employed  Other: \_\_\_\_\_

a. If your principal employment setting is a Community Based Organization (CBO), please specify how your agency is funded:

- Directly funded by CDC – program announcement 04064  Directly funded by CDC – program announcement 03003  Other CDC program announcement (please specify): \_\_\_\_\_  
 Health department  Other: \_\_\_\_\_

b. If your organization receives CDC funding to provide Capacity Building and Technical Assistance (CBA provider), please specify how your agency is funded:

- Directly funded by CDC - program announcement 05051  Directly funded by CDC - program announcement 04019  Other CDC program announcement (please specify): \_\_\_\_\_  
 Health department  Other: \_\_\_\_\_

11. Primary programmatic focus of your work: (select up to two):

- STD  HIV/AIDS  Women's reproductive health  General medicine or Family practice  
 Adolescent/student health  Mental health  Substance use/addiction  Emergency medicine  
 Corrections  Other: \_\_\_\_\_

12. Special population(s) or target group(s) focused on by your work/program (select up to three):

- No target group/general  Adolescents  Gay/Lesbian/Bisexual/MSM  Transgender  Homeless  
 Incarcerated individuals/parolees  Pregnant women  Sex workers  African Americans  Asians  
 Native Hawaiian/other Pacific Islanders  American Indian/Alaska Native  Hispanic/Latinos  Recent immigrants/refugees  Substance users/IDU  Substance users/non-IDU  HIV+ individuals  
 Other special population: \_\_\_\_\_

13. How did you hear about this course?

- Flyer/brochure  Word of mouth/colleague  E-mail  Notice in newsletter/journal  
 Website/internet  Conference exhibit  Previous PTC course  Program requirement  
 Other: \_\_\_\_\_

14. Do you consent to being contacted for:

- Updates?  Yes  No  
Evaluation purposes?  Yes  No

Public Burden Statement: The information on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

Local Use Only:

EventID: \_\_\_\_\_