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 07/31/2013. Public reporting burden for this collection of information is estimated to average .007 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 10-29, Rockville, Maryland, 20857.

HRSA AIDS Education and Training Centers

Participant Information Form (PIF)

To create your unique ID number, use the mo	onth of	1. 2.	
your birth, the day of your birth, and the last f			
of your social security number. For example			M M D D Y Y
123-45-6789 has the ID number 05296789.	,, -	Unique ID Number	Today's Date
	7. Is	'	•
3. Your Primary Profession/Discipline (Select one)		a. Primary Employment Setting	13. Do you provide services directly to HIV-infected
O 1. Dentist			clients/patients?
O 2. Other Dental Professional		O Rural O Suburban/urban	
O 3. Advanced Practice Nurse			O Yes O No/Don't know (Stop here. You are
O 4. Nurse	6k	o. Zip code	done with this form.)
O 5. Pharmacist		·	•
O 6. Physician			
O 7. Physician Assistant	7 7.	Is the employment setting a faith-based organization?	14. How many <u>YEARS</u> have you been providing
O 8 Clergy/Faith-Based Professional			services directly to HIV-infected clients/
O 9. Dietitian/Nutritionist		O Yes O No O Don't Know	patients?
O 10. Health Educator		O 163 O 140 O DOITE MILOW	
O 11. Mental/Behavioral Health Professional	82	a. Does the employment setting receive Ryan White	(Round up to the nearest whole year.)
O 12. Other Public Health Professional	Pr	Program funding?	
O 13. Social Worker			15. Estimate the AUIMADED of LINV infected aliental
O 14. Substance Abuse Professional		OYes (skip to Q9.) ONo (skip to Q9) O Don't Know (go to Q8b.)	15. Estimate the NUMBER of HIV-infected clients/
O 15. Community Health Worker			patient to whom you provide direct services in an average MONTH.
O 16. Other non-clinical professional (specify):	8k	b. If 8a=Don't Know, please write the full name of your	an average <u>montri</u> .
		agency:	None/mo. 1-9/mo. 10-19/mo. 20-49/mo. 50+/mo.
4 7 5 5 6 15 16 1 6 1			O O O O
4. Your Primary Functional Role (Select one)			
O 1. Administrator			
O 2. Agency Board Member			
O 3. Care Provider/Clinician	_		
O 4. Case Manager O 5. Client/Patient Educator	I	NOTE: Please answer BOTH Question 9 about Hispanic	
O 6. Clinical/Medical Assistant	(origin and Question 10 about race.	For Questions 16 through 19, estimate the
O 7. Intern/Resident	,	O Analysis of Historia Latina/a an Chanish anining	PERCENTAGE of your HIV-infected clients/
O 8. Researcher/Evaluator	,	9. Are you of Hispanic, Latino/a, or Spanish origin?	patients in the past <u>YEAR</u> who were:
O 9. Student/Graduate Student		O Yes O No	16 LING who are resid atheris minerities
O 10. Teacher/Faculty		O res O No	16. HIV+ who are racial-ethnic minorities
O 11. Other (specify):		10. What is your racial background? (Select all that	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.
5. Your Principal Employment Setting (Select one)	•	apply?)	O O O O O
O 1. Academic Health Center		ωρρ.).)	
O 2. Community Health Center		O American Indian or Alaska Native	17. HIV+ who are co-infected with Hepatitis C
O 3. Family Planning Clinic		O Asian	•
O 4. HIV Clinic		O Black or African American	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.
O 5. HMO/Managed Care Organization		O Native Hawaiian or Other Pacific Islander	0, 0, 0, 0, 0,
O 6. Hospital-Based Clinic		O White	
O 7. Hospital/ ER			18. HIV+ who are receiving antiretroviral therapy
O 8. Indian Health Services/Tribal Clinic	1	11. What is your gender?	Nonohir 1 240/hir 25 400/hir 50 740/hir >750/hir
O 9. Infectious Disease Clinic		O Female	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr. O O O O
O 10. Long-Term Nursing Facility		O Male	
O 11. Maternal/Child Health Clinic		O Transgender	19. HIV+ who are women
O 12. Mental/Behavioral Health Clinic			2011111 Will die Wellen
O 13. Rural Health Clinic	1	12a. Do you provide services directly to clients/	None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.
O 14. Sexually Transmitted Disease Clinic		patients?	
O 15. Substance Abuse Treatment Center		O Voc. O No. (Stop here, Vou are done with this	
O 16. College/University		O Yes O No (Stop here. You are done with this form.)	
O 17. Community-Based Organization O 18. Community/retail pharmacy		ioini.)	
O 19. Correctional Facility		12b. Please estimate the PERCENTAGE of your	
O 20. Military/VA	-	OVERALL CLIENT/PATIENT population in the	
O 21. Private Practice		past YEAR who were racial-ethnic minorities:	
O 22. State/Local Health Department		• —	
O 23. Non-Health		None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.	
O 24. Other Primary Care		0 0 0 0 0 0	
O 25. Not working (skip to Q. #9)			
- · · · · ·			
For Office Use			
Only LLL			Ryan White Program

☐ Yes ☐ No

Agency

Program ID

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