

**Form Approved**  
**OMB No. 0920-New**  
**Expiration Date 00/00/000**

**Health Professional Application for Training (HPAT)-  
Electronic**

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-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

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## Registration Form

**CLEAR: Choosing Life! Empowerment!  
Action! Results!** Nov 6-8, 2012 32 Credit Hours

Phoenix, AZ FREE

Please fill out the following information then click the "Register" button at the bottom of the page.

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.

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OMB Control No. 0920-0017  
Exp. Date: 03/13/2013

First Name  M Last Name

Degree  Title/Position

Organization

Address

City  State/Province  Zip

Country

Email

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Afghanistan

Email: rhames@cdc.gov

New Password Re-type Your New Password

Phone Fax

License Number(s) Birth Day (MM/DD)

1. Your primary profession/discipline -  
select one  
Other

2. Your primary functional role -  
select one  
Other

3. Your principal employment setting -  
select one  
Other

4. Primary programmatic focus of your work - please select up to 2

<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> STD
<input type="checkbox"/> TB	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Reproductive health/family planning	<input type="checkbox"/> Recovery support/trauma/domestic violence
<input type="checkbox"/> Labor and delivery	<input type="checkbox"/> Adolescent and/or pediatric health
<input type="checkbox"/> Emergency medicine/urgent care	<input type="checkbox"/> Primary care (e.g., general/family medicine)
<input type="checkbox"/> Mental/behavioral health	<input type="checkbox"/> Oral health

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<input type="checkbox"/> Labor and delivery	<input type="checkbox"/> Adolescent and/or pediatric health
<input type="checkbox"/> Emergency medicine/urgent care	<input type="checkbox"/> Primary care (e.g., general/family medicine)
<input type="checkbox"/> Mental/behavioral health	<input type="checkbox"/> Oral health
<input type="checkbox"/> Other infectious diseases	
Other	

5. Primary employment setting -  
select one

6. Is your employment setting a faith-based organization?  
 No  Yes  Don't Know

7. Does your employment setting receive funding from any of these sources?

Ryan White Program	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Title X / Family Planning	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
CDC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
SAMHSA	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Minority AIDS Initiative	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know

8. Does your program predominantly serve any ethnic minority groups?  
 No  Yes  Don't Know

9. Does your program predominantly serve any special populations?  
 No  Yes  Don't Know

10. Are you of Hispanic, Latino/a, or Spanish origin?  
 No  Yes  Decline to state

11. What is your racial background?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Decline to state

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American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Pacific Islander  
 White  Decline to state  
Other

12. What is your sex or gender?  
select one  
Other

13. Do you provide services directly to clients or patients?  
 No  Yes

Approximately what percentage of your client/patient population in the past year was from an ethnic minority?  
select one

Approximately what percentage of your client/patient population in the past year received routine HIV testing?  
select one

Do you provide services directly to clients/patients living with HIV?  
 No  Yes

How many years have you been providing services directly to clients/patients living with HIV?  
select one

Approximately how many clients/patients living with HIV do you provide direct services to in an average month?  
select one

Approximately what percentage your client/patient population living with HIV during the past year was from an ethnic minority?  
select one

Approximately what percentage your client/patient population living with HIV during the past year was co-infected with Hepatitis C?  
select one

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select one

Other

13. Do you provide services directly to clients or patients?  
 No  Yes

Approximately what percentage of your client/patient population in the past year was from an ethnic minority?  
select one

Approximately what percentage of your client/patient population in the past year received routine HIV testing?  
select one

Do you provide services directly to clients/patients living with HIV?  
 No  Yes

How many years have you been providing services directly to clients/patients living with HIV?  
select one

Approximately how many clients/patients living with HIV do you provide direct services to in an average month?  
select one

Approximately what percentage your client/patient population living with HIV during the past year was from an ethnic minority?  
select one

Approximately what percentage your client/patient population living with HIV during the past year was co-infected with Hepatitis C?  
select one

Approximately what percentage your client/patient population living with HIV during the past year was receiving antiretroviral therapy?  
select one

Approximately what percentage your client/patient population living with HIV during the past year consisted of women?  
select one

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