

National Network of STD Clinical Prevention Training Centers (NNPTC): Evaluation

OMB No. 0920-0995

Attachments 3 & 4

**NNPTC Abbreviated Health Professional Application for Training
(NNPTC HPAT)**

Word version and screenshot



OMB Control No. 0920-0995

Public reporting burden of this collection of information is estimated to average 3 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: PRA (0920-0995).

Today's date _____ Course title _____

First name _____ Last name _____ Degree _____

Position _____ Work organization name _____

Work Address _____ City _____ State _____ County _____ Zip _____ Country _____

E-mail _____

Month and day of your birth (to create an anonymous unique code for your data). ____ ____ (MM) ____ ____ (DD)

4. **1. Your primary profession/ discipline (select ONE):**

5. Dentist
 Other dental professional
 Advanced practice nurse
 Registered nurse
 Licensed practical nurse
 Pharmacist
 Physician
 Physician Assistant
 Clergy/Faith-Based Professional
 Dietitian/Nutritionist
 Health Educator
 Mental health/behavioral health professional
 Social worker
 Substance abuse professional
 Community health worker
 Other
 (please specify) _____

7. **2. Your primary functional role (select ONE):**

Administrator (director, coordinator, manager, supervisor)
 Agency Board member
 Clinician/Care provider
 Case manager
 Client/patient counselor
 Client/patient educator
 Clinical/medical assistant
 Disease intervention specialist / Partner services provider
 Intern /resident
 Mental/behavioral health therapist
 Outreach staff
 Peer support provider
 Researcher / evaluator
 Student/Graduate Student
 Teacher / faculty
 Trainer / TA Provider
 Other
 (please specify) _____

2. **3. Your principal employment setting (select ONE):**

Academic Health Center
 College/University
 Community-based service organization (CBO)
 Community health center (e.g. Federally Qualified Health Center)
 Other non-profit health center
 Community/retail pharmacy
 Correctional facility
 HMO/managed care organization
 Hospital/Hospital-affiliated clinic
 Military Health System/ Veterans Health Admin facility
 Private practice (Solo/group)
 Rural health center
 State/local health department
 Tribal/Indian Health Service facility
 Non-Health Setting
 Other (please specify) _____
 Not working

4. Primary programmatic focus of your work (select up to TWO):

HIV/AIDS
 STD
 TB
 Hepatitis
 Reproductive health / family planning
 Recovery support / trauma / domestic violence
 Labor and delivery
 Adolescent and/or pediatric health
 Emergency medicine / urgent care
 Primary care (e.g. general / family medicine)
 Mental / behavioral health
 Oral health
 Other infectious diseases
 Other
 (please specify) _____

2. **6. Are you of Hispanic, Latino/a, or Spanish origin?**

Yes
 No

1. **7. What is your gender?**

Female
 Male
 Transgender (female to male)
 Transgender (male to female)

5. What is your racial background? (select ALL that apply)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

8. Do you provide direct services to patients / clients who are ... (select ALL that apply):

ages 15-19 No Yes Not now, but expect to in the future
 ages 20-24 No Yes Not now, but expect to in the future
 pregnant women No Yes Not now, but expect to in the future
 men who have sex with men No Yes Not now, but expect to in the future

9. Please estimate the NUMBER of clients / patients to whom you provide STD screening, diagnosis, or treatment in an average MONTH.

None/mo. 1-9/mo. 10-19/mo. 20-49/mo. 50+/mo.

10. Do you use the CDC STD Treatment Guidelines to guide the care of your patients / clients?

No, I am not aware of the Guidelines
 I am aware of the Guidelines but do not use them
 I use the Guidelines occasionally
 I use the Guidelines consistently
 I use another source to guide my STD care (please specify) _____

11. Are you aware of the STD Tx Guide mobile app that can be used to access the CDC STD Treatment Guidelines?

No, I am not aware of the app
 I am aware of the app but I do not use it
 I use the app
 I use a different app for STD clinical information

Thank You!