

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)

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

2. Dentist

3. Other dental professional

Advanced practice nurse / Nurse practitioner/Midwife

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

Public health worker

Other (please specify) _____

2. Your primary functional role (select ONE):

7. Administrator (director, coordinator, manager, supervisor)

Agency Board member

Clinician / Nurse / 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) _____

3. Your principal employment setting (select ONE):

5. Academic Health Center /School-based 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) _____

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

2. 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) _____

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

2. Yes

No

7. What is your gender?

1. 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!