

~~Health Professional Application for Training (HPAT) - Paper~~

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**Health Professional Application for Training – Please print clearly**

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 \_\_\_\_\_

Your Unique ID number is 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, plus the last four digits of your social security number. For example: John Smith, May 29 123-45-6789 would be J0SM05296789

FN	FN	LN	LN			M	M	D	D	-	#	#	#	#	

UNIQUE IDENTIFIER

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dentist                   | <input type="checkbox"/> Clergy/Faith-Based Professional       | <input type="checkbox"/> Substance abuse professional |
| <input type="checkbox"/> Other dental professional | <input type="checkbox"/> Dietitian/Nutritionist                | <input type="checkbox"/> Community health worker      |
| <input type="checkbox"/> Advanced practice nurse   | <input type="checkbox"/> Health Educator                       | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Registered nurse          | <input type="checkbox"/> Mental/behavioral health professional | (please specify) _____                                |
| <input type="checkbox"/> Licensed practical nurse  | <input type="checkbox"/> Social worker                         |   |
| <input type="checkbox"/> Pharmacist                |  |   |
| <input type="checkbox"/> Physician                 |  |   |
| <input type="checkbox"/> Physician Assistant       |  |   |

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

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

**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\_(Go to question 11)\_\_\_\_\_

**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)*\_\_\_\_\_

**5. Primary Employment Setting**

Rural  Suburban/urban

Zip code \_\_\_\_\_

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**6. Is your employment setting a faith-based organization?**

\_\_\_\_\_

Yes  No  Don't Know

**7. Does your employment setting receive funding from any of these sources (select all that apply)?**

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

**8. Please write the FULL name of your agency:**

\_\_\_\_\_

\_\_\_\_\_

Some programs and organizations provide services to a particular population group. In the following questions, please tell us about the population groups your program or organization serves.

~~9. Does your program predominantly serve any racial and ethnic minority groups?~~

- ~~Yes (answer question 9a) \_\_\_\_\_~~
- ~~No, my program does not focus on any specific racial and ethnic groups (Go to question 10)~~
- ~~Don't know (Go to question 10) —~~

~~9a. If yes, select up to TWO of the following racial and ethnic groups that are a focus of your program:~~

- ~~American Indians or Alaska Natives —~~
- ~~Asians \_\_\_\_\_~~
- ~~Blacks or African Americans —~~
- ~~Hispanics or Latinos/as~~
- ~~Native Hawaiians or other Pacific Islanders —~~
- ~~Other (please specify) \_\_\_\_\_~~

~~10. Does your program predominantly serve any special populations?~~

- ~~Yes (answer question 10a) \_\_\_\_\_~~
- ~~No, my program does not focus on any specific population groups (Go to question 11)~~
- ~~Don't know (Go to question 11)~~

~~10a. If yes, choose up to THREE of the following populations served by your program:~~

- ~~Adolescents —~~
- ~~HIV+ individuals~~
- ~~Homeless individuals —~~
- ~~Incarcerated individuals/parolees \_\_\_\_\_~~
- ~~Low-income individuals~~
- ~~Men who have sex with men~~
- ~~Men who have sex with men and women~~
- ~~Older adults~~
- ~~Pregnant women —~~
- ~~Recent immigrants/refugees/migrants or —seasonal workers~~
- ~~Sex workers~~
- ~~Substance users~~
- ~~Transgender individuals~~
- ~~Women~~
- ~~Other (please specify) \_\_\_\_\_~~

**12. What is your racial background? (Select all that apply?) Now Question 5.**

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

**11. Are you of Hispanic, Latino/a, or Spanish origin? Now Question 6**

- Yes
- No

**13. What is your gender? Now Question 7**

- Female
- Male
- Transgender: Female to male
- Transgender: Male to female

**14. Do you provide services directly to clients or patients?**

- Yes (Go to question 15)
- No (Stop here. You are done with this form.)

**15. Please estimate the PERCENTAGE of your OVERALL CLIENT/PATIENT population in the past YEAR who were racial-ethnic minorities:**

None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.

**15a. Please estimate the PERCENTAGE of your OVERALL CLIENT/PATIENT population in the past YEAR who received routine HIV testing:**

None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.

**16. Do you provide services directly to HIV-infected clients/patients?**

- Yes (Go to question 17)
- No (Stop here. You are done with this form.)

**17. How many YEARS have you been providing services directly to HIV-infected clients/patients?**

\_\_\_\_\_  
  (Round up to the nearest whole year)  
\_\_\_\_\_

**18. Estimate the NUMBER of HIV-infected clients/patient to whom you provide direct services in an average MONTH.**

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

**For Questions 19 through 22, estimate the PERCENTAGE of your HIV-infected clients/patients in the past YEAR who are:**

**19. Racial-ethnic minorities**

None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.

**20. Co-infected with Hepatitis C**

None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.

**21. Receiving antiretroviral therapy**

None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.

**22. Women**

None/yr. 1-24%/yr. 25-49%/yr. 50-74%/yr. ≥75%/yr.

*Thank you for your valuable time.*