**Attachment B**

**2019 Table of Changes**

**AETC Data Collection OMB Revision 2019**

**Event Record: from 19 data elements to 23, with an additional 4 if applicable (skip logic). The main changes pertain to sources of funding and multi-session events.**

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| Additions | Deletions | Other Changes |
| 1. Were Minority AIDS Initiative funds used to support this event? (#4) | 1. Program ID | 1. Rearrangement of data element sequence |
| 1. Which of the following sources of funds was also used to support this event. (#5) | 1. Education (#11) | 2. Re-wording of questions for more clarification |
| 1. Of the sources of AETC program, which of the following were used? (#6) | 1. List of participants |  |
| 1. Clinic ID# (for Practice Transformation Project only) (#7) | 1. Indicate which of the following sources of funds were used to support this event? (#19) |  |
| 1. Health Professional Program ID# (for Interprofessional Education Project only) (#8) |  |  |
| 1. Is this training part of a multi-session event? (#9) |  |  |
| 1. How many sessions are planned (#10) - if yes to #9. |  |  |
| 1. What session number is this training event? (#11) - if yes to #9 |  |  |
| 1. State where event occurred: (for live online events, use state where event was hosted) (#12) |  |  |
| 1. Check the topics that best describes the content covered by this training. (#14) |  |  |
| 11. List the unique identifiers (email addresses) for all event participants. |  |  |

**Participant Information Form: from 23 to 21 data elements; however, respondent can stop at 8, if applicable.**

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| Additions | Deletions | Other changes |
| 1. Do you prescribe antiretroviral therapy (ART) to clients/patients? (#17) | 1. Principle employment setting name (#9) | 1. Unique identifier is now an email address. 2. #10 and is now #8 instructions revised: *Which of the following characteristics best describe your principal employment setting? (Select all that apply to that location)*   Additional changes in response options:  ⭘ *My principal employment setting does not involve the provision care or services to patients/clients (Stop here. You are done with this form.)*  *⭘ I am not working (Stop here. You are done with this form.)* |
|  | 1. If yes, how many years? (#13) (regarding direct interaction with clients/patients (#12)) |  |