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.

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
2. Which of the following sources of funds was also used to support this event. (#5)	2. Education (#11)	2. Re-wording of questions for more clarification
3. Of the sources of AETC program, which of the following were used? (#6)	3. List of participants	
4. Clinic ID# (for Practice Transformation Project only) (#7)	4. Indicate which of the following sources of funds were used to support this event? (#19)	
5. Health Professional Program ID# (for Interprofessional Education Project only) (#8)		
6. Is this training part of a multi-session event? (#9)		
7. How many sessions are planned (#10) - if yes to #9.		
8. What session number is this training event? (#11) - if yes to #9		
9. State where event occurred: (for live online events, use state where event was hosted) (#12)		
10. 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.

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: O *My principal employment setting does not involve the provision care or services to patients/clients (Stop here. You are done with this form.)* O *I am not working (Stop here. You are done with this form.)*
	3. If yes, how many years? (#13) (regarding direct interaction with clients/patients (#12))	