

HRSA AIDS Education and Training Centers EVENT RECORD

Instructions: This form should be completed by the program office or trainer that sponsored the training event.

Name of Event: _____

1. AETC Number:

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2. Local Partner number:

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3. Were Minority AIDS Initiative funds used to support this event?

Yes No

4. Which of the following sources of funds was also used to support this event. (Select one)

- Core Training and Technical Assistance (Skip to question 7)
- Practice Transformation (Skip to question 5)
- Interprofessional Education (Skip to question 6)
- None, MAI only (Skip to 7)

5. Clinic ID# (for Practice Transformation Project only)

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6. Health Professional Program ID# (for Interprofessional Education Project only)

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7. Event Date:

M	M	D	D	Y	Y	Y	Y
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8. Is this training part of a multi-session event?
 Yes No (Skip to question 11)

9. How many sessions are planned?

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10. What session number is this training event?

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11. State where event occurred: (for live online events, use state where event was hosted):

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12. ZIP code where event occurred (for live online events, use state where event was hosted):

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13. Program ID Number: The program ID number is a unique number generated by the AETC to identify the event.

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14. List the unique identifiers (email addresses) for all event participants.

- Northeast/Caribbean AETC
- Mid-Atlantic AETC
- Southeast AETC
- Midwest AETC
- South Central AETC
- Mountain West AETC
- Pacific AETC
- AETC National Clinicians' Consultation Center
- AETC National Coordinating Resource Center

23. Which other federally-funded training centers collaborate to organize the event? Check all that apply.

- Addiction Technology Transfer Center (ATTC)
- Area Health Education Center (AHEC)
- Capacity Building Assistance (CBA) Provider
- STD Clinical Prevention Training Center (PTC)
- TB Regional Training and Medical Consultation Center
- Viral Hepatitis Education and Training Project
- Public Health Training Center (PHTC)
- Family Planning National Training Center

24. Did any other organizations collaborate to organize this event? (Select all that apply)

- AIDS services organization
- Other community-based organization
- Health professions school
- Faith-based organization
- Community health center, including federally qualified health center (FQHC) funded by HRSA
- Historically Black College or University
- Hispanic-Serving Institution
- Tribal College or University
- Hospital or hospital-based clinic
- Ryan White HIV/AIDS Program-funded organization, including subrecipients
- Tribal health organization
- Correctional institution
- Other (specify: _____)

25. Number of hours for each type of training or technical assistance modality for the event. Enter hours rounded to the nearest ¼ hour in each cell (.25 = ¼, .50 = ½ hour, .75 = ¾ hour). Do not enter data into cells that contain "not applicable."

Training and TA Modality	In-person	Distance-based (live)	Distance-based (archived)
Didactic presentations			
Interactive presentations			Not applicable
Communities of practice			Not applicable
Clinical preceptorships			Not applicable
Clinical consultation			Not applicable
Coaching for organizational capacity building Start date: ___/___/___ MM/DD/YYYY End date: ___/___/___ MM/DD/YYYY Number of Sessions During this Period: _____ (#)			Not applicable

26. Were continuing education credits made available to trainees?

- Yes No