

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 _____ Phone _____

1. Your primary profession/discipline
(select ONE. If student, select goal):

- Advanced practice nurse / Nurse practitioner/Midwife
- Clergy/Faith-Based Professional
- Dentist
- Dietitian/Nutritionist
- Health Educator
- Licensed practical nurse
- Mental health/behavioral health professional
- Other dental professional
- Pharmacist
- Physician
- Physician Assistant
- Public health worker
- Registered nurse
- Social worker
- Substance abuse professional
- Other (please specify) _____

2. Your primary functional role
(select ONE):

- Administrator (director, coordinator, manager, supervisor)
- Agency Board member
- Case manager
- Client/patient counselor
- Client/patient educator
- Clinical/medical assistant
- Clinician
- Disease intervention specialist / Partner services provider
- Intern /resident
- Mental/behavioral health therapist
- Nurse
- Outreach staff
- Peer support provider
- Researcher / evaluator
- Other (please specify) _____

3. Your principal employment setting
(select ONE):

- Academic Health Center /School-based health center
- College/University
- Community health center (e.g. Federally Qualified Health Center)
- Community/retail pharmacy
- Community-based service organization (CBO)
- Correctional facility
- Health department (state/local)
- HMO/managed care organization
- Hospital/Hospital-affiliated clinic
- Military Health System/ Veterans Health Admin facility
- Non-Health Setting
- Other non-profit health center
- Private practice (Solo/group)
- Rural health center
- Tribal/Indian Health Service facility
- Other (please specify) _____
- Not working

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

- HIV/AIDS
- STD
- TB
- Hepatitis
- Reproductive health/family planning/women's health
- Recovery support/ trauma/ domestic violence
- Labor and delivery/OB/GYN
- Addiction medicine
- Adolescent and/ or pediatric health
- Cardiology/cardiac care
- Critical care
- Emergency medicine / urgent care
- Primary care (e.g. general/family medicine)
- Medical/surgical nursing
- Mental/behavioral health
- Oral health
- Other infectious diseases
- Public health
- Surgery
- Other (please specify) _____

6. Please indicate your ethnic background:

- Hispanic or Latino
- Not Hispanic or Latino

7. What is your gender?

- Female
- Male
- Transgender man
- Transgender woman
- Non-binary
- Other (please specify) _____
- Decline to answer

5. What race or races do you consider yourself to be? (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	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not now, but expect to in the future
ages 20-24	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not now, but expect to in the future
pregnant women	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not now, but expect to in the future
men who have sex with men	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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