

# Form Tester

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OMB Control No. 0920-0995

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree:	Title / Position	Please write the FULL name of your organization:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Address

City	State	County	ZIP	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Email	Birth Day (MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your primary profession/discipline (select ONE):

- Advanced practice nurse/nurse practitioner/midwife
- Clergy / Faith-based professional
- Dentist
- Dietitian/Nutritionist
- Health educator
- Licensed practical nurse
- Mental/Behavioral health professional
- Other dental professional
- Pharmacist
- Physician
- Physician assistant
- Public health worker
- Registered nurse
- Social worker
- Substance abuse professional
- Other (please specify)

Other

Your primary functional role (select ONE):

- Administrator (director, manager, coordinator, supervisor)
- Agency Board Member
- Case manager
- Client/Patient counselor
- Client/Patient educator
- Clinical/Medical assistant
- Clinician
- Disease intervention specialist / Partner services provider
- Intern/Resident/Fellow

- Mental/Behavioral health therapist
- Nurse
- Outreach staff
- Peer support provider
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- Trainer / T.A. provider
- Other (please specify)

Other

Your principal employment setting (select ONE):

- Academic Health Center/School-Based Health Center
- College / University
- Community-Based 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
- Non-Health Setting
- Private Practice (Solo / Group)
- Rural Health Center
- Health Department (state/local)
- Tribal / Indian Health Service Facility
- Other (Please Specify)
- Not Working

Other

What is the 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/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 Disease
- Surgery
- Public health
- Other (Please Specify)

Other

What race or races do you consider yourself to be (select all that apply)?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Are you of Hispanic, Latino/a, or Spanish origin?

- Hispanic or Latino
- Not Hispanic or Latino

Your gender:

- Female
- Male
- Transgender man
- Transgender woman
- Non-binary
- Decline to answer
- Other (Please Specify)

Other



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The National Network of STD Clinical Prevention Training Centers would like to know:

Do you provide direct services to patients/clients who are ages 15-19?

- Yes  No  Not now, but expect to in the future

Do you provide direct services to patients/clients who are ages 20-24?

- Yes  No  Not now, but expect to in the future

Do you provide direct services to patients/clients who are pregnant women?

- Yes  No  Not now, but expect to in the future

Do you provide direct services to patients/clients who are men who have sex with men?

- Yes  No  Not now, but expect to in the future

Please estimate the NUMBER of patients/clients 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.

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 what source you use.

Are you aware of the STD Treatment 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

Phone Number

Test Form

Cancel

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