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Submit your organization

Form Approved
OMB No. 0920-0255
Exp. 02/29/2020
Public reporting burden of this collection of information is estimated to average 8 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: OMB-PRA (0920-0255)

[Organization Details](#) [Contacts](#) [Services](#) [Audiences](#) [Visitor Information](#)

Organization Details

Please use only one form per location. If your organization has several locations please contact NPIN-OrgDBA@cdc.gov and we can assist you with updates/additions.

Organization Name

Organization Name Line 1*

Organization Name Line 2

Organization Name Line 3

Program Name

[Add Program Name](#)

▼ Address

Country*

United States

Address Line 1 (No PO Boxes)*

Address Line 2

5-digit Zipcode*

City

County

State

▼ Organization Phone

* One phone number is required.

Please use the following format for the phone number: 123 456-7890

Phone*

Ext.

Phone Type*

Main

Note

Add Phone

▼ Organization Web

Primary Website

https://www.your-website.org

Organization's General Email (do not add personal emails)

corporate-mail@sample-website.com

▼ Social Media Sites

Facebook

Twitter

LinkedIn

Instagram

▼ Organization Service Level, Type and Legal Status

Service Level

- Select -

Legal Status

- Select -

Primary Organization Type

- Select -

501C3 Status

- Select -

Save and continue

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Contact

The contact information will not be accessible to anyone other than NPIN staff. NPIN staff will use this information to periodically update your organization information.

▼ Submitter Contact

First Name*

Last Name*

Job Title

Email*

Phone*

Extension

Phone Note

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Organization Details* Contacts* Services* **Audiences*** Visitor Information*

Services

Please select at least one service

- Support Services

- Select all**
- Case Management
- Drug Purchasing Assistance, including AIDS Drug Purchasing Assistance (ADAP)
- Housing Opportunities for Persons with AIDS/HOPWA
- P/PEP Navigation
- Ryan White Services

- Prevention Services

- Select all**
- Condom/Female Condom/Dental Dam Distribution
- Hepatitis Prevention/Education
- HIV Test Counseling
- HIV/AIDS Prevention Education
- STD Prevention/Education
- TB Prevention Education

- Testing Services

- Select all**
- Chlamydia Testing
- Conventional Blood HIV Testing
- Gonorrhea Testing
- Hepatitis A Testing
- Hepatitis B Testing
- Hepatitis C Testing
- Herpes Testing
- Rapid Blood HIV Testing
- Syphilis Testing
- TB Testing

- Health Care & Treatment

- Select all**
- Adult Hepatitis B Vaccine
- Hepatitis A Vaccine
- Hepatitis B Treatment
- Hepatitis C Treatment
- HIV/AIDS Medical Treatment
- Human Papillomavirus Vaccine
- Medication Adherence Education and Counseling
- Post-Exposure Prophylaxis
- Pre-Exposure Prophylaxis (PEP)
- STD Treatment

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Organization Details* Contacts* Services* **Audiences*** Visitor Information*

Audiences Served

Please select at least one Audience and at least one Language

- Audiences *

- Select all**
- Adolescents/Youth/Teens
- African Americans/Blacks
- Asians/Pacific Islanders
- At Risk Persons
- Gay Men
- General Public
- Hispanics/Latinos
- HIV Positive Persons
- LGBT
- Low Income Persons
- Men
- Men Who Have Sex with Men
- Native Americans
- Persons with HIV/AIDS
- Women

- Languages *

- Select all**
- English
- Interpretation Services Available for Non-English Languages
- Spanish

[Save and continue](#)

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Organization Details* Contacts* Services* Audiences* Visitor Information*

Plan Your Visit

Appointment Required?

- Yes
 No

Eligibility

Hours of Operation*

Contact Organization for hours of operation

Hours

	From (09:00 AM)	To (05:00 PM)			
Monday	<input type="text"/>	<input type="text"/>	<input type="button" value="Man - Sun"/>	<input type="button" value="Man - Fri"/>	<input type="button" value="Clear"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>		
Wednesday	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>		
Thursday	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>		
Friday	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>		
Saturday	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>		
Sunday	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear"/>		

Hours (Additional Notes)

- Fee Information *

Select all

- Fee
 Free Hepatitis B Testing
 Free Hepatitis C Testing
 Free HIV Testing
 Free STD Testing
 Insurance Accepted
 Medicaid Accepted
 No Fee
 PEP for uninsured
 Sliding Scale