

Screenshots of National Learning Community for HIV CBO Leadership Registration Form

National Learning Community for HIV CBO Leadership Registration Form

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Your unique ID number is:
the first two letters of your first name,
the first two letters of your last name,
the month of your birth,
and the day of your birth.
For example: Luisa Ramos, May 29
would be LURA-0529.

* UNIQUE IDENTIFIER

First two letters of your first name	<input type="text"/>
First two letters of your last name	<input type="text"/>
The month of your birth (two digits)	<input type="text"/>
The day of your birth (two digits)	<input type="text"/>

* Has your supervisor approved your participation in the National Learning Community for HIV CBO Leadership?

- Yes
 No



* Has your supervisor approved your participation in the National Learning Community for HIV CBO Leadership?

Yes

No



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⊕ PAGE TITLE

We strongly recommend that you get approval before continuing

⊕ NEW QUESTION ▼
or Copy and paste questions



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Your Contact Info

* Business street address

* Business city, state, and zip

* Work phone

* Job title



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Tell us about yourself

* Are you...

- Hispanic or Latino
- Not Hispanic or Latino

* What is your racial background? (Select all that apply)

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

* Which of the following best represents how you think of yourself?

- [Gay / lesbian or gay]
- Straight, that is not [gay / lesbian or gay]
- Bisexual
- Something else
- I don't know the answer

* What sex were you assigned at birth, on your original birth certificate?


- Male
- Female
- Refused
- I don't know

* Do you describe yourself as male, female, or transgender?

- Male
- Female
- Transgender
- None of these



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Tell us about your organization

* What is your organization's primary setting?

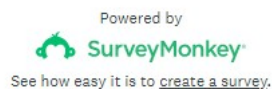
- Rural
- Suburban / Urban

* Estimate your organization's percentage of overall client/patient population in the past year who were racial/ethnic minorities.

- 0
- 1-24%
- 25-49%
- 50-74%
- 75% or more

* Does your organization predominantly serve any racial or ethnic groups?

- Yes
- No



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* Select up to TWO of the following racial or ethnic groups your organization predominantly serves:

American Indian or Alaskan Native

Hispanic or Latino/a

Asian

Native Hawaiian or Pacific Islander

Black/African American

White



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* Has your organization received training or technical assistance services from CDC’s Capacity Building Assistance Provider Network in the past 12 months?

- Yes
- No
- I am not sure



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Tell us about your work experience

* How long have you been in a management position in HIV services?

- Under a year
- 1-2 years
- 3-5 years
- More than 5 years

* How long have you been in your current position?

- Under a year
- 1-2 years
- 3-5 years
- More than 5 years

* How many people do you currently supervise?


- 0
- 1-5
- 6-10
- More than 10

* What is the reason(s) you wish to participate in the National Learning Community for HIV CBO Leadership? (check all that apply)

- My supervisor recommended I enroll
- To increase my chances of promotion
- Our organization's CDC Prevention Program Branch project officer recommended it to me / our organization
- I want to take advantage of a free training opportunity
- I am interested in professional growth



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Tell us about your learning priorities

* Which managerial area would be your highest priority to work on first?


- Managing People (e.g., recruitment, hiring, staff capacity, staff retention, supervision, burnout)
- Managing Programs (e.g., collaborations, program deliverables, reaching target populations)
- Managing Organizations (e.g., working with stakeholders, budgets, organizational culture, boards, fundraising)

OPTIONAL

Please describe how you would like to grow in your management skills in your priority area. (500 words or less)



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