

TODAY'S DATE

Your confidential ID number is the first two letters of your

NNPTC Abbreviated Health Professional Application for Training

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).

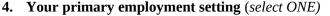
First Name	Middle Initial	Last Name						
Degree	Title/Position							
Full name of your Organization								
Organization Address								
City	State Zip code	Country						
Daytime Phone	E-mail							
 Your primary profession/disciplin Academic faculty Advanced practice nurse/Nurse Practitioner Clinic manager/director Dentist Health educator Licensed practice nurse Your primary functional role (sell Administrative (director, coordinator, manager, supervisor) Clinician (Physician, Nurse) Clinical Assistant Case manager/Care coordinato Client educator/Counselor Disease Intervention Specialist 	Image: Construction of the section	eelth Pharmacist Registered nurse Researcher Social worker Other (<i>please specify</i>) Program manager Resident Researcher/evaluator Alth Social worker Outreach staff						

3. Primary programmatic focus of your work (select ONE that best describes your area of work or clinical

specialty)

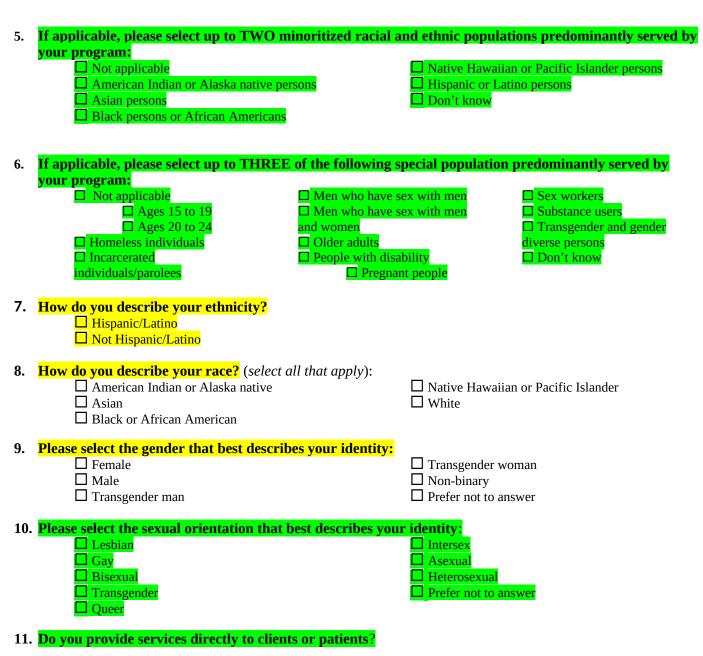
☐ HIV ☐ STD/**STI** ☐ Other Infectious disease ☐ Reproductive health / family planning /Women's health ☐ Recovery support/ trauma/ domestic violence Maternal Health
 Pediatric and Adolescent
 health
 Emergency medicine / urgent
 care
 Primary care





- Academic Health Center (High school, College)
 Academic Institution (College/University)
 Community-based organization (CBO)
 Community health center (e.g., Federally Qualified Health Center)
 Pharmacy
- Correctional facility
 Family Planning Clinic
 HMO/managed care
 organization
 Hospital/Hospital-affiliated
 clinic
 Military Health System/
 Veterans Health Admin facility
 Private clinic (Solo/group)
 Rural health center
- State/local health department
 STD Clinic
 Tribal/Indian Health Service facility
 Non-Health Setting
 Other: (*please specify*)

□ Not working







12. Do you provide direct services to patients / clients who are ... (select ALL that apply):

Ages 15-19	\Box No \Box Yes \Box Not now, but expect to in the future
Ages 20-24	\Box No \Box Yes \Box Not now, but expect to in the future
Pregnant People	\Box No \Box Yes \Box Not now, but expect to in the future
Men who have sex with men	\Box No \Box Yes \Box Not now, but expect to in the future

13. Please estimate the <u>NUMBER</u> of clients/patients to whom you provide STI screening, diagnosis, or treatment in an average <u>MONTH</u>.

0 natients/Month	□ 1-9 natients/Month	□ 10-19 patients/Month	□ 20-49 patients/Month	□ 50+patients/Month
o patients/ wonth		L 10-15 patients/ within		in 50 patients/ month

14. Do you use the CDC STI Treatment Guidelines to guide the care of your clients/ patients?

□ No, I am not aware of the Guidelines

- $\hfill\square$ I am aware of the Guidelines but do not use them
- $\hfill\square$ I use the Guidelines occasionally
- \Box I use the Guidelines consistently
- □ I use another source to guide my STD care; Please specify _____

15. Are you aware of the STI Treatment Guide mobile app that can be used to access the CDC STD Treatment Guidelines?

- \Box No, I am not aware of the app
- $\hfill\square$ I am aware of the app but I do not use it
- \Box I use the app
- □ I use a different app for STD clinical information