

HRSA AIDS Education and Training Centers EVENT RECORD

Instructions: This form should be completed by the program office or trainer that sponsored the training event.

Name of Event: _____

1. AETC Number:

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2. Local Partner number:

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3. Event Date:

M	M	D	D	Y	Y	Y	Y

4. Were any Minority AIDS Initiative funds used to support this event?

- Yes No

5. Which of the following sources of funds was also used to support this event. (Select one)

- MAI
- AETC
- CDC funding
- CARES Act
- EHE
- Other, : _____)specify(

6. Of the sources of AETC programmatic funding, which of the following were used?

- Core Training and Technical Assistance (Skip to question 9)
- Practice Transformation (Skip to question 7)
- Interprofessional Education (Skip to question 8)
- None, MAI only (Skip to 9)

7. Clinic ID# (for Practice Transformation Project only)

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8. Health Professional Program ID# (for Interprofessional Education Project only)

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9. Is this training part of a multi-session event?

- Yes No (Skip to question 11)

10. How many sessions are planned?

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11. What session number is this training event?

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12. State where event occurred: (for live online events, use state where event was hosted):

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13. ZIP code where event was hosted (for live online events, use state where event was hosted):

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15. Select the topics that best describe the content covered by this training. Check all that apply.

- a. HIV prevention
- b. HIV testing and diagnosis
- c. Linkage/referral to HIV care
- d. Engagement and retention in HIV care
- e. Antiretroviral treatment and adherence
- f. Management of co-morbid conditions
- g. Other, please specify

For questions 16 through 20, check to indicate whether each topic was covered for 15 minutes or longer during in the event.

16. HIV prevention

- a. Behavioral prevention
- b. Harm reduction / safe injection
- c. HIV transmission risk assessment
- d. Postexposure prophylaxis (PEP, occupational and nonoccupational)
- e. Preexposure prophylaxis (PrEP)
- f. Prevention of perinatal or mother-to-child transmission
- g. U=U/treatment as prevention
- h. Other biomedical prevention

17. HIV background and management

- a. Acute HIV
- b. Adult and adolescent antiretroviral treatment
- c. Aging and HIV
- d. Antiretroviral treatment adherence, including viral load suppression
- e. Basic Science
- f. Clinical manifestations of HIV disease
- g. HIV diagnosis (i.e. HIV testing)
- h. HIV epidemiology
- i. HIV monitoring lab tests (i.e. CD4 and viral load)
- j. HIV resistance testing and interpretation
- k. Linkage to care
- l. Pediatric HIV management
- m. Retention and/or re-engagement in care
- n. Other (specify: _____)

18. Primary Care and Comorbidities

- a. Cervical cancer screening, including HPV
- b. Hepatitis B
- c. Hepatitis C
- d. Immunization
- e. Influenza
- f. Malignancies
- g. Medication-assisted therapy for substance use disorders (i.e., buprenorphine, methadone, and/or naltrexone)
- h. Mental health disorders
- i. Non-infection comorbidities of HIV or viral hepatitis (i.e. cardiovascular, neurologic, renal disease)
- j. Nutrition
- k. Opportunistic infections
- l. Oral health
- m. Osteoporosis
- n. Pain management
- o. Palliative care
- p. Primary care screenings
- q. Reproductive health, including preconception planning
- r. Sexually transmitted infections
- s. Substance use disorders, not including opioid use
- t. Opioid use disorder
- u. Tobacco cessation
- v. Tuberculosis
- w. Other (specify: _____)

19. Issues related to care of people living with HIV

- a. Cultural competence
- b. Health literacy
- c. Low English proficiency
- d. Motivational interviewing
- e. Stigma or discrimination

20. Health care organization or systems issues

- a. Billing for services and payment models
- b. Case management
- c. Community linkages
- d. Confidentiality / HIPAA
- e. Coordination of care
- f. Funding or resource allocation
- g. Health insurance coverage (i.e. Affordable Care Act, health insurance exchanges, managed care)
- h. Legal issues
- i. Organizational infrastructure
- j. Organizational needs assessment
- k. Patient-centered medical home
- l. Practice Transformation
- m. Quality Improvement
- n. Team-based care (i.e. interprofessional training)
- o. Telehealth
- p. Use of technology (i.e. electronic health records)

21. Did the event address any of the following target populations? Check all that apply.

- a. Children (ages 0 to 12)
- b. Adolescents (ages 13 to 17)
- c. Young adults (ages 18 to 24)
- d. Older adults (ages 50 and over)
- e. American Indian or Alaska Native
- f. Asian
- g. Black or African American
- h. Hispanic or Latino
- i. Native Hawaiian or Pacific Islander
- j. Other race / ethnicity (specify: _____)
- k. Women
- l. Gay, lesbian, bisexual, transgender, or other gender
- m. Homeless or unstably housed
- n. Incarcerated or recently released
- o. Immigrants
- p. U.S.-Mexico border population
- q. Rural populations
- r. Other special population (specify: _____)

22. Which other AETCs collaborated to organize the event? Check all that apply.

- a. AETC National Coordinating Resource Center
- b. AETC National Clinicians' Consultation Center
- c. Mid Atlantic AETC
- d. Midwest AETC
- e. Mountain West AETC
- f. New England AETC
- g. Northeast/Caribbean AETC
- h. Pacific AETC
- i. South Central AETC
- j. Southeast AETC

23. Which other federally-funded training centers collaborate to organize the event? Check all that apply.

- a. Addiction Technology Transfer Center (ATTC)
- b. Area Health Education Center (AHEC)
- c. Capacity Building Assistance (CBA) Provider
- d. Family Planning National Training Center
- e. Mental Health Technology Transfer Centers (MHTTC)
- f. Public Health Training Center (PHTC)
- g. STD Clinical Prevention Training Center (PTC)
- h. TB Regional Training and Medical Consultation Center
- i. Viral Hepatitis Education and Training Project

24. Did any other organizations collaborate to organize this event? (Select all that apply)

- a. AIDS services organization
- b. Other community-based organization
- c. Community health center, or Federally Qualified Health Center (FQHC) funded by HRSA
- d. Correctional institution
- e. Faith-based organization
- f. Health professions school
- g. Historically Black College or University
- h. Hispanic-Serving Institution
- i. Hospital or hospital-based clinic
- j. Ryan White HIV/AIDS Program-funded organization, including subrecipients
- k. Tribal College or University
- l. Tribal health organization
- m. Other (specify: _____)

25. Number of hours for each type of training or technical assistance modality for the event. Enter hours rounded to the nearest ¼ hour in each cell (.25 = ¼, .50 = ½ hour, .75 = ¾ hour). Do not enter data into cells that contain “not applicable.”

Training and TA Modality	In-person	Distance-based (live)	Distance-based (archived)
Didactic presentations			
Interactive presentations			Not applicable
Communities of practice			Not applicable
Clinical preceptorships			Not applicable
Clinical consultation			Not applicable
Coaching for organizational capacity building			Not applicable
	Start date: _ / _ / _ MM/DD/YYYY	Start date: _ / _ / _ MM/DD/YYYY	
	End date: _ / _ / _ MM/DD/YYYY	End date: _ / _ / _ MM/DD/YYYY	
Number of Sessions During this Period:			

26. Were continuing education credits made available to trainees?

Yes No

27. Program ID Number: The program ID number is a unique number generated by the AETC to identify the event.

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