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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. **Regional Partner Number:**

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3. **Event Dates:**

State Date:

M	M	D	D	Y	Y	Y	Y
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End Date:

M	M	D	D	Y	Y	Y	Y
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4. **Were any Minority AIDS Initiative funds used to support this event**

- Yes No

5. **Which of the following sources of funds were also used to support this event. Select all that apply.**

- None,9) question to (Skip only MAI
- AETC Base Grant Funding
- EHE9) to question (Skip
- BPHC Collaboration Funding9) question to (Skip
- Other,question 9) (Skip to) _____(specify:

6. **Of the sources of AETC Base Grant funding, which of the following were used?**

- Core Training and Technical Assistance (Skip to question 9)
- Practice Transformation
- Interprofessional Education (Skip to question 8)
-
-
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7. **Clinic ID# (For Practice Transformation Project Only)**

Enter up to 30 IDs.form. this of back the on written be can IDs Additional

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8. **Health Professional Program ID# (For Interprofessional Education Project Only)** Enter up to 5form this of back IDs. Additional IDs can be written on the

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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? (If a single session event, write 001)**

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

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13. **ZIP code where event was hosted (for online events, use ZIP code 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.**

- HIV Prevention
- HIV Testing And Diagnosis
- Linkage/Referral To HIV Care
- Engagement and Retention In HIV Care
- Antiretroviral Treatment And Adherence
- Management of Co-Morbid Conditions
- Rapid ART
- Other, Please Specify:

For questions 16 through 20 check to indicate whether each topic was covered during the event.

16. **HIV prevention. Check all that apply.**

- Behavioral Prevention
- Harm Reduction / Safe Injection
- HIV Transmission Risk Assessment
- Postexposure Prophylaxis (PEP, Occupational and Non-occupational)
- Preexposure Prophylaxis (PrEP)
- Prevention of Perinatal Transmission
- Treatment as Prevention (e.g., U=U)
- Other Biomedical Prevention
- Sexual Health History Taking

17. **HIV background and management. Check all that**

apply.

- Acute HIV
- Adult and Adolescent Antiretroviral Treatment
- Aging and HIV
- Antiretroviral Treatment Adherence, Including Viral Load Suppression
- Basic Science
- Clinical Manifestations of HIV Disease
- HIV Diagnosis (i.e., HIV Testing)
- HIV Epidemiology
- HIV Monitoring Lab Tests (i.e., CD4 and Viral Load)
- HIV Resistance Testing And Interpretation
- Linkage to Care
- Pediatric HIV Management
- Retention and/or Re-Engagement In Care
- Other (Specify: _____)

18. Primary care and comorbidities. apply. that Check all

- Cervical Cancer Screening, Including HPV
-
-
- Hepatitis B
- Hepatitis C
- Immunization
- Influenza
- Coronavirus disease 2019 (COVID-19)
- Malignancies
- Medication-Assisted Therapy for Substance Use Disorders (i.e., Buprenorphine, Methadone, and/or Naltrexone)
- Mental Health Disorders
- Non-Infection Comorbidities of HIV or Viral Hepatitis (i.e., Cardiovascular, Neurologic, Renal Disease)
- Nutrition
- Opportunistic Infections
- Oral Health
- Osteoporosis
- Pain Management
- Palliative Care
- Primary Care Screenings
- Reproductive Health, Including Preconception Planning
- Sexually Transmitted Infections
- Substance Use Disorders, Not Including Opioid Use
- Opioid Use Disorder
- Tobacco Cessation
- Tuberculosis
- Health or Wellness Maintenance
- Other (Specify: _____)

19. Issues related to care of people with HIV. Check all apply. that

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- Health Literacy
- Low English Proficiency
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- Stigma or Discrimination
- Stress management/Resiliency
- Other

_____(Specify: _____)

20. Health care organization or systems issues. Check all that apply.

- Cultural Competence / Cultural Humility
- Case Management

- Community Linkage
- Confidentiality / HIPAA
- Care Coordination
- Funding Or Resource Allocation
- Gender Affirming Care
- Health Care Coverage (i.e., Affordable Care Act, Health Insurance Exchanges, Managed Care)
- Legal Issues
- Motivational Interviewing
- Organizational Infrastructure
- Organizational Needs Assessment
- Patient-Centered Medical Home
- Practice Transformation
- Quality Improvement
- Team-Based Care (i.e., Interprofessional Training)
- Telehealth
- Trauma Informed Care
- Use of Technology (i.e., Electronic Health Records)
- Other (Specify: _____)

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

- Children (Ages 0 To 12)
- Adolescents (Ages 13 To 17)
- Young Adults (Ages 18 To 24)
- Older Adults (Ages 50 And Over)
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or LatinX
- Native Hawaiian Or Pacific Islander
- Other Race / Ethnicity (Specify: _____)
-
- Women
- Gay, Lesbian, Bisexual
- Transgender/Non-Binary/Other Gender
- People Experiencing Homelessness
-
- People with Justice System Involvement
-
- Immigrants or Refugees
- U.S.-Mexico Border Population
- Rural Communities
- People Who Inject Drugs (PWID)
- Veterans
- Other Special Population (Specify: _____)

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

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- Mid-Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC
- South Central AETC
- Southeast AETC
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- AETC Center Resource Coordinating National
- AETC Center Consultation Clinician National
- National HIV Curriculum (NHC)
- Programs
- Building the HIV Workforce in Communities of Color (Workforce and Strengthening EngB-SEC) Project

