**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:**

1. **Regional Partner Number:**

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1. **Event Dates:**

 **State Date:**

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**End Date:**

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1. **Were any Minority AIDS Initiative funds used to support this event**

 ○ Yes ○ No

1. **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:
2. **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)
3. **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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1. **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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1. **Is this training part of a multi-session event?**

○ Yes ○ No (Skip to question 11)

1. **How many sessions are planned?**

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1. **What session number is this training event? (If a single session event, write 001)**

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

1. **ZIP code where event was hosted (for online events, use ZIP code where event was hosted):**

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1. **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.**

1. **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
2. **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:
3. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_)
4. **Issues related to care of people with HIV. Check allapply. that**
	* Health Literacy
	* Low English Proficiency
	* Stigma or Discrimination
	* Stress management/Resiliency
	* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Specify:
5. **Health care organization or systems issues.**  **Check all that apply.**
	* CulturalCompetence / 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
	* MotivationalInterviewing
	* 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **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 H omelessness
	* People with Justice System I nvolvement
	* Immigrants or Refugees
	* U.S.-Mexico Border Population
	* Rural Communities
	* People Who Inject Drugs (PWID)
	* Veterans
	* Other Special Population (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_)
2. **Which other AETCs collaborated to organize the event? Check all that apply.**
	* Mid-Atlantic AETC
	* Midwest AETC
	* Mountain West AETC
	* New England AETC
	* Northeast/Caribbean AETC
	* Pacific AETC
	* South Central AETC
	* Southeast AETC
	* AETCCenter Resource Coordinating National
	* AETCCenter Consultation Clinician National
	* National HIV Curriculum (NHC)
	* Programs
	* Building the HIV Wagement in Communities of Color (orkforce and Strengthening EngB-SEC) Project
3. **Which other federally-funded training centers collaborate to organize the event? Check all that apply.**
	* Addiction Technology Transfer Center (ATTC)
	* Area Health Education Center (AHEC)
	* Capacity Building Assistance (CBA) Provider
	* Family Planning National Training Center
	* Mental Health Technology Transfer Centers (MHTTC)
	* Public Health Training Center (PHTC)
	* National Network of Prevention Training Centers of CDC (NNPTC)
	* TB Regional Training and Medical Consultation Center
	* Viral Hepatitis Education and Training Project
4. **Did any other organizations collaborate to organize this event? Check all that apply.**
	* AIDS Services Organization
	* Other Community-Based Organization
	* Community Health Center, or Federally Qualified Health Center (FQHC) Funded by HRSA
	* Correctional Institution
	* Faith-Based Organization
	* Health Professions School
	* Historically Black College or University
	* Hispanic-Serving Institution
	* Hospital or Hospital-Based Clinic
	* Local/State Health Department
	* Ryan White HIV/AIDS Program-Funded Organization, Including Sub-Recipients
	* Tribal College or University
	* Tribal Health Organization
	* Federal Partners (OASH, SAMHSA, etc).
	* Research Networks (CFAR, ACTG, etc.)
	* Academic Institution
	* Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
5. **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.”**

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| **Training and TA Modality** | **In-Person** | **Distance-Based (Live)** | **Distance-Based (Archived)** |
| Didactic Presentations |  |  |  |
| Interactive Presentations |  |  |  |
| Communities of Practice |  |  | Not applicable |
| Clinical Preceptorships |  |  | Not applicable |
| Clinical Consultation |  |  | Not applicable |
| Technical Assistance  |  |  | Notapplicable  |
| Coaching for Practice Transformation |  |  |  Not applicable |
|  | Start Date: / / MM/DD/YYYYEnd Date: / / MM/DD/YYYY | Start Date: / / MM/DD/YYYYEnd 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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