**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/YYYY  End Date: / / MM/DD/YYYY | Start 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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