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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

End 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 were also used to support this event. Select all that apply)

- None, MAI only (Skip to question 9)
- AETC Core Funding
- CDC funding (Skip to question 9)
- CARES Act (Skip to question 9) - Remove
- EHE (Skip to question 9)
- BPHC Collaboration Funding (Skip to question 9)
- Other, (specify: _____) (Skip to question 9)

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

- Core Training and Technical Assistance
- Practice Transformation
- Interprofessional Education (Skip to question 8)

7. Clinic ID# (For Practice Transformation Project Only) Enter up to 30 IDs. Additional IDs can be written on the back of this form.

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

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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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14. 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 15 through 19, check to indicate whether each topic was covered for 15 minutes or longer during the event.

15. 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 Or Mother-To-Child Transmission
- Treatment As Prevention (e.g., U=U)
- Other Biomedical Prevention

16. 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: _____)

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

- Cervical Cancer Screening, Including HPV
- Gender Affirming Care
- Hepatitis B
- Hepatitis C
- Immunization
- Influenza
- 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
- Wellness Maintenance
- Other (Specify: _____)

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

- Health Literacy
- Low English Proficiency
- Motivational Interviewing
- Stigma Or Discrimination
- Other (Specify: _____)

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

- Cultural Competence
- Cultural Humility
- Case Management
- Community Linkages
- Confidentiality / HIPPA
- Coordination Of Care
- Funding Or Resource Allocation
- Health Care Coverage (i.e., Affordable Care Act, Health Insurance Exchanges, Managed Care)
- Legal Issues
- Organizational Infrastructure
- Organizational Needs Assessment
- Patient-Centered Medical Home
- Practice Transformation
- Quality Improvement
- Team-Based Care (i.e., Interprofessional Training)
- Telehealth
- Use Of Technology (i.e., Electronic Health Records)
- Other (Specify: _____)

20. 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 Latino
- Native Hawaiian Or Pacific Islander
- Other Race / Ethnicity (Specify: _____)
- Women
- Gay, Lesbian, Bisexual, Transgender, Or Other Gender
- Homeless Or Unstably Housed
- Incarcerated Or Recently Released
- Immigrants
- U.S.-Mexico Border Population
- Rural Communities
- Other Special Population (Specify: _____)

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

- AETC National Coordinating Resource Center
- AETC National Clinicians' Consultation Center
- Mid Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC
- South Central AETC
- Southeast AETC
- NHC e-Learning Platform
- NHC Integration
- B-SEC Project

