

Registration Form



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OMB Control Number 0920-0995
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2022 Abbreviated HPAT Screen Shots

First Name	Middle Initial	Last Name		
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Fitch"/>		
Degree:	Title / Position	Please write the FULL name of your organization:		
<input type="text" value="LPN"/>	<input type="text" value="Business Manager"/>	<input type="text"/>		
Work Address				
<input type="text"/>				
City	State	County	ZIP	Country
<input type="text" value="Denver"/>	<input type="text" value="CO"/>	<input type="text" value="Denver"/>	<input type="text"/>	<input type="text" value="U.S.A."/>
Daytime Phone	Email	Birth Day (MM/DD)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
New Password	Please re-type your new password			
<input type="text"/>	<input type="text"/>			
Your primary profession/discipline (select ONE that best describes your profession; If student, select goal)				
<input type="radio"/> Academic faculty				
<input type="radio"/> Advanced practice nurse/nurse practitioner/midwife				
<input type="radio"/> Clinic manager/director				
<input type="radio"/> Dentist				
<input type="radio"/> Health educator				
<input type="radio"/> Licensed practical nurse				
<input type="radio"/> Laboratory specialist				
<input type="radio"/> Mental/Behavioral health professional				
<input type="radio"/> Physician				
<input type="radio"/> Physician assistant				
<input type="radio"/> Public health worker				
<input type="radio"/> Pharmacist				
<input type="radio"/> Registered nurse				
<input type="radio"/> Researcher				
<input type="radio"/> Social worker				
<input type="radio"/> Other (please specify)				
Other <input type="text"/>				

Your primary functional role (select ONE that best describes your primary role)

- Administrator (director, manager, coordinator, supervisor)
- Clinician (Physician, Nurse)
- Clinical Assistant
- Case manager/Care coordinator
- Client educator/Counselor
- Disease intervention specialist
- Dentist
- Faculty
- Laboratory specialist
- Mental/Behavioral health professional
- Pharmacist
- Public health specialist
- Program manager
- Resident
- Researcher/evaluator
- Student/Intern
- Social worker
- Outreach staff
- Other (please specify)

Other

Primary programmatic focus of your work (select ONE that best describes your area of work or clinical specialty)

- HIV
- STD/STI
- Other Infectious disease
- Reproductive health / family planning /Women's health
- Recovery support/ trauma/ domestic violence
- Maternal Health
- Pediatric and Adolescent health
- Emergency medicine / urgent care
- Primary Care
- Mental/behavioral health
- Oral health
- Public health program
- Disease surveillance
- Other (Please Specify)

Other

Your primary employment setting (select ONE):

- Academic Health Center (High school, College)
- Academic Institution (College/University)
- Community-based organization (CBO)
- Community health center (e.g., Federally Qualified Health Center)
- Pharmacy
- Correctional facility
- Family Planning Clinic
- HMO / Managed Care Organization
- Hospital / Hospital-affiliated Clinic
- Military Health System / Veterans Health Admin Facility
- Private Practice (Solo / Group)
- Rural Health Center
- State / Local Health Department
- STI Clinic
- Tribal/Indian Health Service facility
- Non-Health Setting
- Other (please specify)
- Not Working

Other Tooltip for Employment Setting

If applicable, please select up to TWO minoritized racial and ethnic populations predominantly served by your program:

- Not Applicable
- American Indian or Alaska Native persons
- Black persons or African American persons
- Hispanics or Latinos/as persons
- Native Hawaiians or Pacific Islander persons
- Asian persons

If applicable, please select up to THREE of the following special population predominantly served by your program:

- Not Applicable
- Ages 15 to 19
- Ages 20 to 24
- Homeless Individuals
- Incarcerated Individuals / Parolees
- Men Who Have Sex With Men
- Men Who Have Sex With Men and Women
- Older Adults
- People with disability
- Pregnant People
- Sex Workers
- Substance users
- Transgender and gender diverse persons
- Don't know

How do you describe your ethnicity?

- Hispanic or Latino Not Hispanic or Latino

How do you describe your race? (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

Other

Please select the gender that best describes your identity:

- Female Male Transgender man Transgender woman Non-binary Prefer not to answer Other (please specify)

Other

Please select the sexual orientation that best describes your identity:

Lesbian Gay Bisexual Transgender Queer Intersex Asexual Heterosexual Prefer not to answer

Do you provide services directly to clients or patients?

Yes No

Custom Question 1

Custom Question 2

Phone Number

What type of continuing education do you need?

Custom Question 5

Custom Question 6

Custom Question 7

License Number:

Screenshot

The following question appear for the user when they indicate they provide services directly to clients or patients.

Do you provide services directly to clients or patients?

- Yes No

Do you provide direct services to patients/clients who are ages 15-19?

- Yes No Not now, but expect to in the future

Do you provide direct services to patients/clients who are ages 20-24?

- Yes No Not now, but expect to in the future

Do you provide direct services to patients/clients who are pregnant?

- Yes No Not now, but expect to in the future

Do you provide direct services to patients/clients who are men who have sex with men?

- Yes No Not now, but expect to in the future

Please estimate the NUMBER of patients/clients to whom you provide STI screening, diagnosis, or treatment in an average MONTH?

- None/Mo. 1-9/Mo. 10-19/Mo. 20-49/Mo. 50+/Mo.

Do you use the CDC STI Treatment Guidelines to guide the care of your patients/clients?

- No, I am not aware of the Guidelines
 I am aware of the Guidelines, but do not use them
 I use the Guidelines occasionally
 I use the Guidelines consistently
 I use another source to guide my STI care

Other

Are you aware of the STI Treatment Guide mobile app that can be used to access the CDC STI Treatment Guidelines?

- No, I am not aware of the app
 I am aware of the app, but I do not use it
 I use the app
 I use a different app for STI clinical information