Form approved

OMB No.0920-0255

Exp. date: 01/30/2023

Resources and Services Database of the CDC National Prevention Information Network

**Organizations Database**

**Attachment 3B**

**NPIN Telephone Verification**

NPIN Telephone Verification

Public reporting burden of this collection of information is estimated to be 6 minutes per response, including searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor or respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA No. (0920-0255).

**Note: Use this script when calling an organization to verify the information already in the database (for annual updates).**

**When calling organizations, you need to first identify yourself and the reason for your call. Use the following Script as a guideline for your introduction to the organization.**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I’m calling your organization on behalf of Centers for Disease Control and Prevention’s (CDC) National Prevention Information Network. NPIN provides resources and services related to HIV/AIDS, viral hepatitis, STDs, and Tuberculosis. The mission of NPIN is to serve the information needs of State and local HIV/AIDS/Viral Hepatitis/STD/TB program personnel and other professionals. We are updating the NPIN Organizations Database and want to make sure the information we have for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_< insert organization’s primary name> is accurate. The information we collect in the NPIN database is used to update the NPIN and Get Tested Websites, and other sites like HIV.gov. Your participation is voluntary.

**Next, ask the receptionist, operator, or other staff member to verify the following:**

* Name of the organization
* Address of the organization
* Phone Number(s)
* Review the website to verify the information on the record
  + **Ask if the information on the website is accurate and up to date.**
  + **Get general e-mail address (es) from website.**
* Hours of Operation

**If an operator is not available and you have the option, choose the appointment line. Often, the appointment line will provide information about hours of operation, eligibility criteria, and fees.**

**If needed, ask to speak to the HIV program director/coordinator OR the nursing supervisor to verify the following:**

* Fees: Look at the fees already in the record. Verify the information and asked for any changes
* Appointment information
* Eligibility restrictions: Verify the information and ask for any changes
* Languages Spoken: verify the information and ask for any changes
* Services Offered. Read the services listed on the existing record. Select or un-select any changes in services using the following guide:

|  |  |  |
| --- | --- | --- |
| **SUPPORT SERVICES** | Ryan White Services |  |
|  | PrEP Navigation |  |
|  | Case Management |  |
|  | Housing Opportunities for Persons with AIDS/HOPWA |  |
|  | Drug Purchasing Assistance (ADAP) |  |
|  | Support Groups |  |
| **CAPACITY BUILDING** | Research |  |
|  | Training Programs |  |
|  | Health Professional Education |  |
| **PREVENTION SERVICES** | Needle Cleaning, Needle Exchange or Needle distribution |  |
|  | TB Prevention/Education |  |
|  | STD Prevention/Education |  |
|  | HIV/AIDS Prevention/Education |  |
|  | Harm Reduction |  |
|  | Condom Distribution |  |
|  | Partner Notification |  |
| **TESTING SERVICES** | Conventional HIV Testing |  |
|  | Rapid HIV Testing |  |
|  | HIV Self-Testing |  |
|  | Gonorrhea Testing |  |
|  | Chlamydia Testing |  |
|  | Syphilis Testing |  |
|  | Herpes Testing |  |
|  | STD Self-Testing |  |
|  | TB Testing |  |
|  | Hepatitis A Testing |  |
|  | Hepatitis B Testing |  |
|  | Hepatitis C Testing |  |
|  | Hepatitis Self-Testing |  |
|  | Mobile Testing Services |  |
|  | Mpox Testing |  |
|  | Self-Testing Distribution area: |  |
| **TREATMENT SERVICES** | Family Planning |  |
|  | TB Treatment |  |
|  | STD Treatment |  |
|  | HPV Vaccine |  |
|  | Pre-Exposure Prophylaxis (PrEP) |  |
|  | HIV/AIDS Medical Treatment |  |
|  | Post-Exposure Prophylaxis (PEP) |  |
|  | Hepatitis C Treatment |  |
|  | Hepatitis B Treatment |  |
|  | Hepatitis A Vaccine |  |
|  | Adult Hepatitis B Vaccine |  |
|  | Substance Abuse Treatment |  |
|  | Medication Adherence Education and Counseling |  |
|  | Mpox Vaccine |  |

* Audiences Served. Read the audience selected on the existing record. Add any changes below or on the excel file provided.

**Finally, thank the organization for updating the information.**