Form approved OMB No.0920-0255 Exp. date: 03/312026

Resources and Services Database of the CDC National Prevention Information Network

Attachment 3A NPIN Questionnaire for New Organizations

NPIN Questionnaire for New Organizations

Form approved OMB No.0920-0255 Exp. date: 03/31/2026

Public reporting burden of this collection of information is estimated to be 7 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 be added to the NPIN Organization Database. When calling organizations, you need to first identify yourself and the reason for your call.

Hello, my name is	and I'm calling yoι	ur organization on behalf of Centers
for Disease Control and Prevention's (C	CDC) National Prevention Infor	mation Network. NPIN provides
resources and services related to HIV/A	AIDS, viral hepatitis, STDs, and	Tuberculosis. The mission of NPIN
is to serve the information needs of Sta	ate and local HIV/AIDS/Viral He	epatitis/STD/TB program personnel
and other professionals. We are creating	ng a new record for	< insert organization's
primary name> and want to make sure	the information we have colle	ected is accurate. The information
we collect in the NPIN database is used	d to update the NPIN and Get 1	Tested Websites, and other sites like
AIDS.gov. Your participation is voluntar	ry.	

Next, ask the receptionist or operator to verify the following:

- Organization Name (including any department, division, or program)
 - Be sure to confirm the primary name.
- Organization's Corporate address or mailing Address including:
 Street 1, Street 2 (PO Box, Suite), City, County, State, Zip Code,
- Phone Number(s)

Main Phone, Fax Number, Toll Free Number, Other Numbers Website

- O Ask if the information on the website is accurate and up to date.
- o Ask for a general email address.
- Ask for the email of staff contact person. It is important to get ask for an e-mail address for the staff contact(s) and inform the organization representative that going forward we will send an e-mail once a year to verify information.
- Hours of Operation
- Organization Type: Federally Qualified Health Center, Public Health Department, Clinic

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.

Next, ask to speak to the HIV program director/coordinator, outreach staff OR the nursing supervisor to verify the following.

When possible, confirm this information from the website first:

- Fees for services
 - Testing fees
 - Vaccine fees
 - Free mpox vaccine
 - Fees for other services.

- Appointment information
- Eligibility restrictions
- Services Offered (Check the services that apply)

SUPPORT SERVICES	Ryan White Services	
SUFFURI SERVICES	PrEP Navigation	
	Case Management	
	Housing Opportunities for Persons with AIDS/HOPWA	
	Drug Purchasing Assistance (ADAP)	
CADACITY DIJI DINC		
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	
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	
	Self-Testing Distribution area:	
	CARE AND TREATMENT SERVICES	
TREATMENT SERVICES	Family Planning	
TREATIVIENT SERVICES	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	
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	Substance Abuse Treatment	
	Substance Abuse Treatment Medication Adherence Education and Counseling	
	Substance Abuse Treatment	

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- Audience Served: Ask for all the population groups targeted by the organization.
- Language: Includes de Language spoken by the staff.

Finally, thank the organization for helping with the collection of information.