

Form Approved
OMB No. 0920-0255
Exp. 03/31/2026

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, 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, and a person is not required to respond to a collection of information unless it displays a current 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: OMB-PRA (0920-0255)

In our capacity as a referral service for information, NPIN maintains a nationally sourced, searchable database of organizations and facilities that support prevention and control of HIV/AIDS, viral hepatitis, STDs, and TB.

These organizations/facilities may provide:

- HIV/STD/TB/hepatitis testing
- Capacity building
- Support services
- Prevention services
- Treatment/care

or a combination of the above.

Information entered into the NPIN database powers tools such as the GetTested testing locator utility and the PrEP Locator tool. If your organization provides any of the above services and you would like it to be included in NPIN's searchable database, fill out the form below. Please note that required information is marked with a red asterisk (*). The form cannot be processed without all required information.

Organization Details* * Contacts* * Services* * Audiences* * Visitor Information* *

Organization Details

To avoid duplicates, please go to <https://npin.cdc.gov/search/organizations/map> and search to see if your organization is already in NPIN. Organizations with multiple locations, please use only one form per location.

Organization Name

Organization Name Line 1* *

Organization Name Line 2

Organization Name Line 3

Program Name

Add Program Name

▼ Address

Country*

United States

Address Line 1 (No PO Boxes)*

Address Line 2

5-digit Zipcode*

City

County

State

▼ Organization Phone

* One phone number is required.

Please use the following format for the phone number: 123 456-7890

Phone*

Ext.

Phone Type*

Main

Note

[Add Phone](#)

▼ Organization Web

Primary Website

Organization's General Email (do not add personal emails)

▼ Social Media Sites

Facebook

Twitter

Linkedin

Instagram

▼ Organization Service Level, Type and Legal Status

Service Level

- Select -

Legal Status

- Select -

Primary Organization Type

- Select -

501C3 Status

- Select -

[Save and continue](#)

Submit your organization

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Organization Details* Contacts* **Services*** Audiences* Visitor Information*

Contact

The contact information will not be accessible to anyone other than NPIN staff. NPIN staff will use this information to periodically update your organization information.

▼ Submitter Contact

First Name*

Last Name*

Job Title

Email*

Phone*

Extension

Phone Note

Organization Details* * Contacts* * **Services* *** Audiences* * Visitor Info

Services

Please select at least one service

▼ Support Services

- Select all**
- Case Management
- Drug Purchasing Assistance, including AIDS Drug Purchasing Assistance (ADAP)
- Housing Opportunities for Persons with AIDS/HOPWA
- PrEP Navigation
- Ryan White Services

▼ Prevention Services

- Select all**
- Condom Distribution
- Hepatitis Prevention/Education
- HIV Test Counseling
- HIV/AIDS Prevention/Education
- Needle Cleaning, Needle Exchange or Needle Distribution
- STD/STI Prevention/Education
- TB Prevention/Education

• Testing Services

Select all

- Chlamydia Testing
- Conventional HIV Testing
- Gonorrhea Testing
- Hepatitis A Testing
- Hepatitis B Testing
- Hepatitis C Testing
- Herpes Testing
- Rapid HIV Testing
- Syphilis Testing
- TB Testing

Does your organization offer self-testing kits?

- N/A
- Yes
- No

• Health Care & Treatment

Select all

- Adult Hepatitis B Vaccine
- Family Planning
- Hepatitis A Vaccine
- Hepatitis B Treatment
- Hepatitis C Treatment
- HIV/AIDS Medical Treatment
- Human Papillomavirus Vaccine
- Medication Adherence Education and Counseling
- Mpox Vaccine
- Post-Exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP)
- STD/STI Treatment
- TB Treatment

Doxy PEP

Audiences Served

Please select at least one Audience and at least one Language

▾ Audiences * *

- Select all
- Adolescents/Youth/Teens
- American Indian or Alaska Native persons
- Asian or Pacific Islander persons
- At Risk Persons
- Black or African American persons
- Gay Men
- General Public
- Hispanic or Latino persons
- HIV Positive Persons
- LGBTQ
- Low Income Persons
- Men
- Men Who Have Sex with Men
- Persons with Hepatitis
- Persons with HIV/AIDS
- Pregnant Women
- Women

▾ Languages * *

- Select all
- American Sign Language
- Chinese
- English
- French
- Haitian Creole
- Interpretation Services Available for Non-English Languages
- Portuguese
- Spanish
- Tagalog
- Vietnamese

Plan Your Visit

Appointment Required?

- Yes
- No

Eligibility

Hours of Operation

Contact Organization for hours of operation

Ⓜ Hours

	From (09:00 AM)	To (05:00 PM)	
Monday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Mon - Sun Mon - Fri Clear
Tuesday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Clear
Wednesday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Clear
Thursday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Clear
Friday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Clear
Saturday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Clear
Sunday	<input type="text" value="--:-- --"/>	<input type="text" value="--:-- --"/>	Clear

Hours (Additional Notes)

• Fee information * *

Select all

- Fee
- Free Hepatitis B Testing
- Free Hepatitis C Testing
- Free HIV Testing
- Free STD/STI Testing
- Insurance Accepted
- Medicaid Accepted
- No Fee
- PrEP for uninsured

Free mpox vaccine

I'm not a robot



Submit