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HRSA Ryan White HIV/AIDS Program (RWHAP)
AIDS Education and Training Centers (AETC)
Individual Participant Record Form (IND-PAR)

Instructions: This form should be completed or updated at least once every reporting period (July 1 – June 30) by AETC participants.

1. **Unique ID: Enter an email address as a personal identifier.** *(Please consistently use this email address to register for future AETC programs or notify the AETC of any change. For Interprofessional Education (IPE) students, please use your personal email address when filling out AETC forms.)*

   _____

2. **If applicable, please provide your individual CMS Certification Number (CCN).**

3. **If applicable, please provide your individual National Provider Identifier (NPI).**

4. **Today's date:**

M	M	D	D	Y	Y	Y	Y

5. **Are you interested in receiving future training opportunities and information on the RWHAP AETC program?** *Select one.*
   - Yes
   - Not at this time

6. **Your primary profession/discipline/training program.** *Select one.*
   - Advanced practice nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
   - Administrative professional (e.g., front desk staff, grant writer, etc.), **(specify: _____)**
   - Case manager
   - Clergy or faith-based professional
   - Community health worker (includes peer educator or navigator)
   - Dentist
   - Dietitian or nutritionist
   - Nurse professional (non-prescriber)
   - Pharmacist
   - Physician (**specialty: _____)**
   - Physician assistant/associate
   - Psychologist
   - Social worker
   - Substance use disorder professional

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- Other allied health professional (e.g., medical assistant, physical therapist, etc.), **(specify: _____)**
- Other clinical professional (e.g., podiatrist, chiropractor, etc.), **(specify: _____)**
- Other dental professional
- Other public health professional, **(specify: _____)**
- Not currently working

7. **Your primary functional role (e.g., job title).** *Select one.*
   - Administrator/ practice administrator/organizational leadership (e.g., chief executive officer, nurse administrator, etc.)
   - Agency board member
   - Care provider/clinician – cannot/does not prescribe HIV treatment
   - Care provider/clinician – can/does prescribe HIV treatment
   - City, local, or state government employee
   - Client educator
   - Clinical/medical assistant
   - Counselor (HIV testing)
   - Counselor (mental health)
   - Federal government employee
   - Fellow
   - Health care organization non-clinical staff (e.g., front desk, etc.)
   - HIV tester
   - Intern/resident
   - Mental health professional
   - Patient navigator
   - Researcher/evaluator
   - Student/graduate student
   - Teacher/faculty
   - Other, (**specify: _____**)

8. **Are you currently or have you ever received a scholarship or loan repayment of any of the following HRSA-funded programs?** *Select all that apply.*
   - ☐ National Health Service Corp scholarship
   - ☐ National Health Service Corps loan repayment
   - ☐ Nurse Corps scholarship
   - ☐ Nurse Corps loan repayment
   - ☐ I have not received any of the above scholarships or loan repayment programs

9. **Are you currently participating in an HIV Interprofessional Education (IPE) program?** *Select one.*
   - Yes, as a student
   - Yes, as faculty **(skip to question 12)**
   - No **(skip to question 12)**

10. **Type of RWHAP AETC HIV IPE HPP profession/discipline program currently enrolled?** *Select one.*
    - Behavioral health
    - Community health worker
    - Dentistry

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- Medical
- Nurse practitioner
- Nursing
- Pharmacy
- Physician assistant/associate
- Public health
- Other **(specify: _____)**

11. Expected graduation/completion year (YYYY):

12. What is your race and/or ethnicity. *Select all that apply.*

- **American Indian/Alaska Native** (e.g., Navajo Nation, Blackfeet Tribe Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- **Asian** (e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- **Black or African American** (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- **Hispanic or Latino** (e.g., Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- **Middle Eastern or North African** (e.g., Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- **Native Hawaiian or Pacific Islander** (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- **White** (e.g., English, German, Irish, Italian, Polish, Scottish, etc.)

13. What best describes your gender identity? *Select one.*

- Man
- Woman
- Transgender man
- Transgender woman
- Other gender identity
- Choose not to disclose

14. Which of the following best describes your primary employment setting? *Select one.*

- Academic medical/ health center
- Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- Dental health facility
- Emergency department
- Family planning clinic
- Health Center (Federally Qualified Health Center or FQHC)
- Non-FQHC (e.g., HRSA Health Center Program Look-Alike or LAL)
- Health maintenance organization (HMO)/managed care organization
- HIV or infectious diseases clinic
- Hospital-based clinic

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- Indian health services/tribal clinic
- Long-term care facility
- Maternal/child health clinic
- Mental health clinic
- Military or veterans' health facility
- Other community-based organization
- Other federal health facility
- Pharmacy
- Private practice
- Sexually transmitted infection (STI) clinic
- State or local health department
- Student health clinic
- Substance use treatment center
- Other primary care setting
- Primary employment setting does not involve direct provision of care or services **(Stop here. You are done with this form.)**
- I am not working **(Stop here. You are done with this form.)**

15. **Primary work site ZIP code(s),** *provide up to three (3):*

16. **Does your primary employment setting receive Ryan White HIV/AIDS Program funding?** *Select one.*
    - Yes
    - No
    - I don't know

17. **Is HIV care and treatment provided by your primary employment setting?** *Select one.*
    - Yes
    - No **(Stop here. You are done with this form.)**

18. **Do you provide services directly to <u>any</u> patients/clients?** *Select one.*
    - Yes
    - No **(skip to question 21)**

19. **Which HIV prevention services do you provide to <u>any</u> patients/clients?** *Select all that apply.*
    - ☐ HIV prevention counseling
    - ☐ HIV testing
    - ☐ Pre-exposure prophylaxis (PrEP)
    - ☐ Post-exposure prophylaxis (PEP)
    - ☐ I do not provide any of the above HIV prevention services

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20. **Estimate the PERCENTAGE of your patients/clients in the past YEAR who are people from racial and/or ethnic minority groups (i.e., American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, or Native Hawaiian or Pacific Islander).** *Select one.*
    - ○ None
    - ○ 1-24%
    - ○ 25-49%
    - ○ 50-74%
    - ○ ≥75%
    - ○ Don't know/unsure

21. **Do you provide services directly to patients/clients <u>with</u> HIV?**
    - ○ Yes
    - ○ No **(Stop here. You are done with this form.)**

22. **Which of the following care and treatment services do you provide to patients/clients <u>with</u> HIV?** *Select all that apply.*
    - ☐ Antiretroviral therapy (ART)
    - ☐ Clinical services other than ART (e.g., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)
    - ☐ Non-clinical support services (e.g., case management, transportation, legal, etc.) **(If you only selected this option, skip to question 26)**

23. **What is your level of practice?** *Select one.*
    - ○ Basic HIV care and treatment
    - ○ Intermediate HIV care and treatment
    - ○ Advanced HIV care and treatment
    - ○ Expert HIV care and treatment, including training others and/or clinical consultation

24. **How many YEARS have you been providing services directly to patients/clients <u>with</u> HIV?** *Round up to the nearest whole year. If less than one year, write "01."*

25. **Estimate the NUMBER of patients/clients <u>with</u> HIV to whom you provided services directly in the past 12 months.** *Round up to the nearest whole year. If less than one year, write "01".*

For questions 26-31, <u>estimate the percentage</u> of your clients in the past 12 months in each category.

26. **Estimate the PERCENTAGE of your patients/clients in the past YEAR who are receiving antiretroviral therapy (ART). Select one.**
    - ○ None
    - ○ 1-24%
    - ○ 25-49%
    - ○ 50-74%
    - ○ ≥75%

- Don't know/unsure

27. **Estimate the PERCENTAGE of your patients/clients <u>with</u> HIV in the past 12 months who are people from racial and ethnic minority groups (i.e., American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, or Native Hawaiian or Pacific Islander).** *Select one.*
    - None
    - 1-24%
    - 25-49%
    - 50-74%
    - ≥75%
    - Don't know/unsure

28. **Estimate the PERCENTAGE of your patients/clients <u>with</u> HIV in the past 12 months who use substances.** *Select one.*
    - None
    - 1-24%
    - 25-49%
    - 50-74%
    - ≥75%
    - Don't know/unsure

29. **Estimate the PERCENTAGE of your patients/clients <u>with</u> HIV in the past 12 months with a mental illness.** *Select one.*
    - None
    - 1-24%
    - 25-49%
    - 50-74%
    - ≥75%
    - Don't know/unsure

30. **Estimate the PERCENTAGE of your patients/clients <u>with</u> HIV in the past 12 months with hepatitis B or hepatitis C.** *Select one.*
    - None
    - 1-24%
    - 25-49%
    - 50-74%
    - ≥75%
    - Don't know/unsure

31. **Estimate the PERCENTAGE of your patients/clients <u>with</u> HIV in the past 12 months with a sexually transmitted infection (STI).** *Select one.*
    - None
    - 1-24%
    - 25-49%
    - 50-74%
    - ≥75%
    - Don't know/unsure

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program's performance and identify gaps in RWHAP-related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program's accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.