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HRSA Ryan White HIV/AIDS Program (RWHAP)
AIDS Education and Training Centers (AETC)
Interprofessional Education– One-Year Post-Participation Survey
(IPE-Long Term) *(One year post; HIV IPE students only)*

Instructions: This form should be completed by IPE students only, one-year (12 months) post-graduation from their Health Profession Program (HPP).

1. **Unique ID: Enter an email address as a personal identifier.**
   Please use the email address used when you were a student enrolled in the IPE program and completed the HRSA RWHAP AETC Individual Participant Record Form (IND-PAR).

   _____

2. **Please provide your individual National Provider Identifier (NPI), if applicable.**

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

4. **What date did you graduate from your RWHAP AETC Interprofessional Education (IPE) program?**

M	M	Y	Y	Y	Y

5. **In comparison to before your involvement in a RWHAP AETC IPE program, your capability to work on an interprofessional health care team to care for people with HIV has:** *Select one.*
   - ○ Decreased substantially
   - ○ Decreased
   - ○ Remained the same
   - ○ Increased
   - ○ Increased substantially

6. **Are you currently practicing/involved/employed in HIV prevention, care, treatment?** *Select one.*
   - ○ Yes
   - ○ No **(skip to question 16)**
   - ○ Not applicable-not currently working **(skip to question 16)**

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

8. **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)
   - Counselor
   - Dentist
   - Dietitian or nutritionist
   - Nurse professional (non-prescriber)
   - Pharmacist
   - Physician **(specify:_____)**
   - Physician assistant/associate
   - Psychologist
   - Social worker
   - Substance use disorder professional
   - 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

9. **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: _____)**

10. **Do you provide services directly to any patients/clients?** *Select one.*
    - Yes
    - No **(Stop here. You are done with this form.)**

11. **Which HIV prevention services do you provide to any 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

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

13. **Which of the following care and treatment services do you provide to patients/clients with HIV?** *Select all that apply.*
    - ☐ Antiretroviral therapy (ART)
    - ☐ Clinical services other than ART (e.g, nutrition, physical therapy, psychiatry, general primary care, etc.)
    - ☐ Non-clinical support services (e.g., case management, transportation, legal, etc.)

14. **Characteristics of employment/employer?** *Select all that apply.*
    - Federally Qualified Health Center (FQHC)
    - Private practice
    - Public health clinic
    - Research/lab
    - Ryan White HIV AIDS Program (RWHAP)-funded clinic
    - Other, **(specify: _____)**
    - Not sure

15. **Are you practicing in an underserved area?** *(The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations as areas or populations having too few primary care providers, high infant mortality, high poverty, or high elderly population)*
    - Yes
    - No
    - Not sure

Insert OMB statement here

16. *For those who answered "No" or "Not applicable-not currently working" to question 6:* **What is/are the reason(s) you are not involved in HIV care, treatment, or prevention in your current practice?** *Select all that apply.*
    - □ Lack-of-interest in HIV prevention, care, and treatment
    - □ Limited support or mentorship in the HIV prevention, care, and treatment field
    - □ Pursuing career outside of healthcare
    - □ Pursuing different healthcare specialization
    - □ HIV prevention, care, and treatment services are not provided at my workplace
    - □ Not currently working (i.e., retired, job searching, collecting Social Security Disability Insurance or SSDI)
    - □ Other, **(specify: _____)**

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.