

**HRSA Ryan White HIV/AIDS Program (RWHAP)  
AIDS Education and Training Centers  
Training Activity Record (TAR)**

**Instructions:** This form should be completed by the regional AETC, local partner, or trainer that sponsored the training activity.

**Name of Activity:**

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- 1. Program ID Number:** The program ID number is a unique number generated by the RWHAP AETC to identify the activity.

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- 2. RWHAP AETC Number:**

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- 3. Local Partner Number:**

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- 4. Activity Dates:**

**Start Date:**

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**End Date:**

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- 5. How many sessions occurred throughout this event? (If a single session event, write 001.)**

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- 6. US State or Territory where activity occurred: (for online activities, use state where activity was hosted):**

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- 7. ZIP code where activity occurred (for online activities, use ZIP code where activity was hosted):**

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8. **Is this a Minority AIDS Initiative (MAI) activity per the guidance in the most recent HRSA Notice of Funding Opportunity (NOFO)?** *Select one.*  
☐ Yes (skip to question 10)   ☐ No

9. **Select the primary funding source that was used to support this training activity.** *Select all that apply.*

- ☐ RWHAP AETC Base Grant Funding
- ☐ Ending the HIV Epidemic (EHE) Funding
- ☐ HRSA BPHC Primary Care HIV Prevention (PCHP) Funding
- ☐ Other Funding, (specify: \_\_\_\_\_)

10. **For MAI Activities only: What is the MAI category for this activity?** *Select one.*

- ☐ Interprofessional education at Minority Serving Institutions of higher education
- ☐ PT at minority-serving health care facilities
- ☐ Didactic and clinical training opportunities developed specifically to encourage minority-serving providers to incorporate HIV prevention, care and treatment into their practices  
HIV curriculum integration of clinical and didactic training at Minority Serving Institutions. (If a recipient selects this as one of their MAI activities, the services must not overlap the work currently being done in the regions through the prior two NOFOs)
- ☐ Partner with health professional organizations focused on or consisting of underrepresented populations to incorporate topics in HIV into programs focused on training and educating minority-serving health professionals and/or students

11. **Participating Clinic ID# (for Practice Transformation project only):** Enter up to 30 IDs. Additional IDs can be written on the back of this form.

12. **Health Professional Program ID# (for Interprofessional Education project only):** Enter up to five IDs. Additional IDs can be written on the back of this form.

13. **What is the training activity type for this activity?** *Select one.*

- ☐ Foundations of HIV (FH) (skip to question 15)
- ☐ Capability and Expertise Expansion (CEE)
- ☐ Practice Transformation (PT) (skip to question 15)
- ☐ Interprofessional Education (IPE) (skip to question 15)
- ☐ MAI (skip to question 15)

14. **Content of this training corresponded to which of the National HIV Guidelines:** *Select all that apply.*

- ☐ HIV Antiretroviral Therapy (Rapid (Immediate) ART Initiation and Restart: Guide for Clinicians)
- ☐ Perinatal (Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States)
- ☐ Opportunistic Infections (Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents)
- ☐ Pediatric (Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection)
- ☐ None of the above

**15. Select the topics that best describe the content covered by this training. Select all that apply.**

- ☐ Antiretroviral Therapy (ART)
- ☐ ART adherence
- ☐ Engagement and retention in HIV care
- ☐ HIV prevention
- ☐ HIV testing and diagnosis
- ☐ Linkage to HIV care
- ☐ Long-Acting Injectables
- ☐ Management of co-morbid conditions
- ☐ Rapid ART
- ☐ Other, (specify: \_\_\_\_\_)

**For questions 16 through 21 check to indicate whether each topic was covered during the activity.**

**16. HIV prevention. Select all that apply.**

- ☐ Behavioral prevention
- ☐ Harm reduction
- ☐ HIV transmission risk assessment
- ☐ Post-exposure prophylaxis (PEP, occupational and non-occupational)
- ☐ Pre-exposure prophylaxis (PrEP)
- ☐ Prevention of perinatal transmission
- ☐ Sexual health history taking
- ☐ Treatment as prevention (i.e., U=U)
- ☐ Other biomedical prevention
- ☐ Other, (specify: \_\_\_\_\_)

**17. HIV background and management. Select all that apply.**

- ☐ Acute HIV
- ☐ Adult and adolescent antiretroviral treatment
- ☐ Aging and HIV
- ☐ Antiretroviral treatment adherence, including viral suppression
- ☐ Rapid ART
- ☐ Long-acting ART
- ☐ Basic science
- ☐ Clinical manifestations of HIV
- ☐ HIV diagnosis (i.e., HIV testing)
- ☐ HIV epidemiology
- ☐ HIV monitoring lab tests (i.e., CD4 and viral load)
- ☐ HIV resistance testing and interpretation
- ☐ Linkage to care
- ☐ Pediatric HIV management
- ☐ Retention and/or re-engagement in care
- ☐ Other, (specify: \_\_\_\_\_)

**18. Primary care and comorbidities. Select all that apply.**

- ☐ Age-related screening (e.g., cognitive acuity, bone density, etc.)
- ☐ Anal cancer screening (e.g., Anoscopy and high-resolution anoscopy or HRA)

- ☐ Cervical cancer screening, including HPV
- ☐ Coronavirus disease 2019 (COVID-19)
- ☐ End of life care
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Immunization
- ☐ Malignancies
- ☐ Medication-assisted therapy for substance use conditions (e.g., buprenorphine, methadone, and/or naltrexone)
- ☐ Mental health conditions
- ☐ Non-infection comorbidities of HIV or viral hepatitis (e.g., cardiovascular, neurologic, renal disease, etc.)
- ☐ Nutrition
- ☐ Opioid use condition
- ☐ Opportunistic infections
- ☐ Oral health
- ☐ Primary care screenings
- ☐ Reproductive health, including preconception planning
- ☐ Sexually transmitted infections
- ☐ Substance use conditions, not including opioid use
- ☐ Wellness and/or health maintenance
- ☐ Other, (specify: \_\_\_\_\_)

**19. Issues related to care of people with HIV. *Select all that apply.***

- ☐ Health equity and/or health disparities
- ☐ Health literacy
- ☐ Low English proficiency
- ☐ Stigma and/or discrimination
- ☐ Stress management/resiliency
- ☐ Other, (specify: \_\_\_\_\_)

**20. Health care organization or systems issues. *Select all that apply.***

- ☐ Billing/financial (e.g., HCPC, ICD-10 codes, reimbursement)
- ☐ Care coordination
- ☐ Case management
- ☐ Community linkage
- ☐ Confidentiality/HIPAA
- ☐ Cultural competence/Cultural humility
- ☐ Funding or resource allocation (e.g., grants, contracts)
- ☐ Gender affirming care
- ☐ Health care coverage (e.g., Affordable Care Act, health insurance exchanges, managed care)
- ☐ Legal issues
- ☐ Motivational interviewing
- ☐ Organizational infrastructure
- ☐ Organizational needs assessment
- ☐ Patient-centered medical home
- ☐ Practice transformation

- ☐ Quality improvement
- ☐ Team-based care (e.g., interprofessional training)
- ☐ Telehealth
- ☐ Trauma-informed care
- ☐ Use of technology (e.g., electronic health records, etc.)
- ☐ Other, (specify: \_\_\_\_\_)

**21. Did the activity address any of the following priority populations? *Select all that apply.***

- ☐ Children (ages 0 to 12)
- ☐ Adolescents (ages 13 to 17)
- ☐ Young adults (ages 18 to 24)
- ☐ Older adults (ages 50 and over)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other Race/Ethnicity, (specify: \_\_\_\_\_)
- ☐ Women
- ☐ Gay, lesbian, bisexual
- ☐ Transgender/non-binary/other gender
- ☐ Immigrants or refugees
- ☐ People experiencing homelessness or unstable housing
- ☐ People with legal system involvement
- ☐ People with a mental health condition
- ☐ People who use substances
- ☐ Pregnant People
- ☐ Rural communities
- ☐ U.S.-Mexico border population
- ☐ Veterans
- ☐ Other special population, (specify: \_\_\_\_\_)

**22. Which other AETCs collaborated to organize the activity? *Select all that apply.***

- ☐ Mid-Atlantic AETC
- ☐ Midwest AETC
- ☐ Mountain West AETC
- ☐ New England AETC
- ☐ Northeast/Caribbean AETC
- ☐ Pacific AETC
- ☐ South Central AETC
- ☐ Southeast AETC
- ☐ AETC National AETC Support Center (NASC)
- ☐ AETC National Clinician Consultation Center (NCCC)
- ☐ National HIV Curriculum (NHC) Programs
- ☐ Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC) Project

- ☐ Local Partner Site
- ☐ None/Not Applicable

**23. Which other federally funded training centers collaborate to organize the activity? Select all that apply.**

- ☐ Addiction Technology Transfer Center (ATTC)
- ☐ Area Health Education Center (AHEC)
- ☐ Capacity Building Assistance (CBA) Provider
- ☐ The Reproductive Health National Training Center (RHNTC)
- ☐ Mental Health Technology Transfer Centers (MHTTC)
- ☐ Prevention Training Center (PTC)
- ☐ Public Health Training Center (PHTC)
- ☐ National Network of Prevention Training Centers of CDC (NNPTC)
- ☐ Tuberculosis Centers of Excellence (TB COE) for Training, Education, and Medical Consultation
- ☐ Other, (specify: \_\_\_\_\_)
- ☐ None/Not Applicable

**24. Did you collaborate with any other organizations to organize this activity? Select all that apply.**

- ☐ Academic institution
- ☐ AIDS services organization
- ☐ Behavioral Health Organization
- ☐ Federally Qualified Health Center (FQHC) funded by HRSA
- ☐ Community Health Center
- ☐ Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- ☐ Faith-based organization
- ☐ Federal partners (e.g., OASH, SAMHSA, etc.)
- ☐ Health professions school/program
- ☐ Hispanic-serving institution
- ☐ Historically black college or university (HBCU)
- ☐ Hospital or hospital-based clinic
- ☐ Local/state health department
- ☐ Research networks (e.g., CFAR, ACTG, etc.)
- ☐ Ryan White HIV/AIDS Program (RWHAP)-funded organization, including sub recipients
- ☐ State Primary Care Associations
- ☐ Tribal College or University (TCU)
- ☐ Tribal health organization
- ☐ Other community-based organization
- ☐ Other, (specify: \_\_\_\_\_)
- ☐ None/Not Applicable

**25. What was the primary training modality for this activity? Select one.**

- ☐ Case Discussion
- ☐ Clinical Training

- ☐ Communities of Practice
- ☐ Didactic
- ☐ Preceptorships
- ☐ Technical Assistance
- ☐ Workshops

**26. Were there any additional training modalities for this activity?** *Select all that apply.*

- ☐ Case Discussion
- ☐ Clinical Training
- ☐ Communities of Practice
- ☐ Didactic
- ☐ Preceptorships
- ☐ Technical Assistance
- ☐ Workshops
- ☐ No additional modalities

**27. What was the primary training format for this activity?** *Select one.*

- ☐ Hybrid (Skip to Question 29)
- ☐ In-person (Skip to Question 29)
- ☐ Virtual-based (live) (Skip to Question 29)
- ☐ Virtual-based (on-demand) with continuing medical education credits (CME)/ continuing education credits (CE) (Skip to Question 29)
- ☐ Virtual-based (on-demand) without CME/CE (e.g., Podcasts, YouTube videos, etc.)

**28. What is the total number of downloads/streams/plays/views of the virtual-based (on-demand) training in this data collection period (July 1<sup>st</sup>-June 30<sup>th</sup>)?**

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**29. What was the number of hours spent on this training or technical assistance modality for this activity.** Enter hours rounded to the nearest  $\frac{1}{4}$  hour in each cell (.25 =  $\frac{1}{4}$ , .50 =  $\frac{1}{2}$  hour, .75 =  $\frac{3}{4}$  hour).

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**30. Were continuing education credits made available to trainees?** *Select one.*

- ☐ Yes   ☐ No

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](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.