OMB Control No: 0906-XXXX
Expiration Date: MM/DD/YYYY

HRSA Ryan White HIV/AIDS Program (RWHAP) Part F
AIDS Education and Training Centers (AETC)
National Training Activity Record (National-TAR)

Instructions: This form should be completed by RWHAP National AETC Support Center (NASC), RWHAP National Clinician Consultation Center (NCCC), National HIV Curriculum e-Learning Platform Programs (NHC) or trainer that sponsored the training activity.

Name of Activity:

_____

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

2. **RWHAP AETC Number:**

3. **Training Activity Dates:**

State Date:

M	M	D	D	Y	Y	Y	Y

End Date:

M	M	D	D	Y	Y	Y	Y

4. **Is this training event part of multi-session activity?**
   - o Yes
   - o No **(skip to question 7)**

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

6. **What session number is this training activity?**

7. US state or territory where activity occurred: (for online activities, use state where activity was hosted):

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

9. Is this a Minority AIDS Initiative (MAI) funded activity per the guidance in the most recent Regional AETC HRSA Notice of Funding Opportunity (NOFO)? Select one)? *Select one.*

- ○ Yes **(skip to question 11)**
- ○ No

10. Select the funding source(s) 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: _____)**

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

- ○ Interprofessional education at Minority Serving Institutions (MSI) of higher education
- ○ Practice Transformation (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 MSIs. 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 National HIV Curriculum e-Learning Platform.
- ○ 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

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

- □ Antiretroviral therapy (ART; including Rapid ART initiation and long-acting injectables)
- □ ART adherence
- □ Engagement/re-engagement and retention in HIV care
- □ HIV prevention
- □ HIV testing and diagnosis
- □ Linkage/referral to HIV care
- □ Management of co-morbid conditions
- □ Other, **(specify: _____)**

For questions 13 through 18 check to indicate whether each topic was covered during the activity.

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

- □ Behavioral prevention

- □ 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
- □ Other prevention
- □ Other, **(specify: _____)**

14. 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 initiation
- □ 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: _____)**

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

- □ Age-related screening and care (e.g., cognitive acuity, bone density, etc.)
- □ Anal cancer screening and care (e.g., Anoscopy and high-resolution anoscopy or HRA)
- □ Cervical cancer screening and care, including HPV
- □ End-of-life care
- □ Health or wellness maintenance
- □ Hepatitis B
- □ Hepatitis C
- □ Immunization
- □ Malignancies
- □ Medical-assisted therapy for substance use conditions (e.g., buprenorphine, methadone, and/or naltrexone in combination with behavioral therapies)
- □ Mental health disorders
- □ Non-infectious comorbidities of HIV or viral hepatitis (e.g., cardiovascular, neurologic, renal disease, etc.)
- □ Nutrition
- □ Opioid use disorder
- □ Opportunistic infections
- □ Oral health
- □ Primary care screenings and care
- □ Preconception planning

- □ Sexually transmitted infections
- □ Substance use disorders, not including opioid use
- □ Other, **(specify: _____)**

16. Care of people with HIV. *Select all that apply.*

- □ Health literacy
- □ Stigma
- □ Stress management
- □ Other, **(specify: _____)**

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

- □ Billing for services and payment models/financial (e.g., HCPC, ICD9 codes, reimbursement)
- □ Care coordination
- □ Case management
- □ Community linkage
- □ Confidentiality/HIPAA
- □ Funding or resource allocation (e.g., grants, contracts)
- □ Health care coverage
- □ Legal issues
- □ Motivational interviewing
- □ Organizational infrastructure
- □ Organizational needs assessment
- □ Patient-centered care
- □ Patient-centered medical home
- □ Practice transformation
- □ Quality improvement
- □ Team-based care (e.g., interprofessional training)
- □ Telehealth
- □ Use of technology for patient care (e.g., electronic health records, etc.)
- □ Other, **(specify: _____)**

18. Did the activity address any of the following people disproportionately affected by HIV? *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)
- □ Women
- □ People experiencing homelessness or unstable housing
- □ People with a mental health condition
- □ People who inject drugs (PWID)
- □ Pregnancy
- □ People who live in rural areas
- □ Veterans
- □ Other populations, **(specify: _____)**

19. Which other RWHAP 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
- □ RWHAP National AETC Support Center (NASC)
- □ AETC National Clinician Consultation Center (NCCC)
- □ National HIV Curriculum (NHC) Programs including National PrEP Curriculum (NHPC)
- □ None/not applicable

20. Which other federally funded training centers collaborated 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)
- □ 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

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

- □ Academic institution
- □ AIDS services organization/Community based organization
- □ Behavioral health organization
- □ Federally Qualified Health Center (FQHC) funded by HRSA
- □ Health Center
- □ Correctional institution or other legal system program
- □ Faith-based organization
- □ Federal partners
- □ Health professions school/program
- □ Hospital or hospital-based clinic
- □ State or Local health department
- □ Minority serving institution
- □ Research networks
- □ Ryan White HIV/AIDS Program (RWHAP)-funded organization, including subrecipients
- □ State Primary Care Associations
- □ Tribal health organization
- □ Other community-based organization

□ Other, (Specify: ____)
□ None/Not Applicable

22. What was the <u>primary</u> training modality for this activity? *Select one.*

○ Case Discussion
○ Clinical Training
○ Communities of Practice
○ Didactic
○ Preceptorships
○ Technical Assistance
○ Workshops
○ Static Online Resource

23. 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
□ Static Online Resource
□ No additional modalities

24. What was the <u>primary</u> training format for this activity? *Select one.*

○ Hybrid **(skip to Question 26)**
○ In-person **(skip to Question 26)**
○ Virtual-based (live) **(skip to Question 26)**
○ Virtual-based (on-demand) with continuing medical education credits (CME)/ continuing education credits (CE)
○ Virtual-based (on-demand) without CME/CE (e.g., Podcasts, YouTube videos, etc.)

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

26. What was the number of hours spent on this training or technical assistance modality for this activity, if more than one modality was used write the total time from all modalities used Enter hours rounded to the nearest ¼ hour in each cell (.25 = ¼, .50 = ½ hour, .75 = ¾ hour).

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27. 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) National AIDS Education Training Centers (AETC) Program to obtain data on National AETC activities, participants, and site information. These forms will also capture National AETC involvement in the HIV care and treatment workforce (one-year post-participation in an HTR), knowledge gained through participating in an AETC activity, and satisfaction with that activity. 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 MM/DD/YYYY. 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 X 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 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.