

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 0906-0108 and it is valid until 7/31/2028. 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 13N82, 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.

## HRSA Ryan White HIV/AIDS Program (RWHAP) Part F 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 RWHAP AETC participants.

- 1. Unique ID: Enter an email address as a personal identifier.** *Please consistently use this email address for registering for future RWHAP AETC programs or notify any AETC, where you engage in activities/trainings, of any change. For Interprofessional Education (IPE) students, please use your personal email address whenever filling out RWHAP AETC forms.*

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

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

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- 4. Today's date:**

M	M	D	D	Y	Y	Y	Y	

- 5. Your primary profession/discipline/training program. *Select one.***

- Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
- Administrative professional (e.g., front desk staff, grant writer, non-clinical management, 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
- 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:** \_\_\_\_\_)
- Other, (**specify:** \_\_\_\_\_)
- Not currently working

**6. 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 (mental health)
- Federal government employee
- Fellow
- Health care organization non-clinical staff (e.g., front desk, etc.)
- HIV tester or counselor (HIV testing)
- Intern/resident
- Mental health professional
- Patient navigator
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- Other, (**specify:** \_\_\_\_\_)
- Not currently working

**7. 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

**8. Are you of Hispanic or Latino origin?** *Select one.*

- Yes
- No
- Choose not to disclose

**9. What is your racial background?** *Select all that apply.*

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Choose not to disclose
- Other, (specify: \_\_\_\_\_)

**10. What is your sex? Select one.**

- Male
- Female
- Choose not to disclose

**11. 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
- 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
- Indian health service/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
- University/Institution of higher education
- 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.**)

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

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**13. Does your primary employment setting receive Ryan White HIV/AIDS Program funding? *Select one.***

- Yes
- No
- I don't know

**14. Does your primary employment setting provide HIV prevention, care, and/or treatment? *Select one.***

- Yes
- No **(Stop here. You are done with this form.)**

**15. Do you provide services directly to any patients/clients? *Select one.***

- Yes
- No **(Stop here. You are done with this form.)**

**16. 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

**17. Estimate the PERCENTAGE of your patients/clients in the past 12 months who are people from racial/ethnic minority groups. *Select one.***

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%
- Don't know/unsure

**18. Do you provide services directly to patients/clients with HIV? *Select one.***

- Yes
- No **(Stop here, you are done with this form.)**

**19. 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., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)
- Non-clinical support services (e.g., transportation, legal, etc.) **(If you only selected this option, skip to question 24)**

**20. What is your level of practice? *Select one.***

- **Basic HIV care and treatment** (i.e., able to counsel patients/clients about transmission and adherence, willing to start ART for most straightforward patients/clients, aware of recommended first line therapies per HHS guidelines, and aware of initial laboratory work-up of a newly diagnosed patient/client)
- **Intermediate HIV care and treatment** (i.e., comfortable prescribing first-line regimens to most patients/clients, including those with comorbidities, able to interpret genotype results showing resistance mutations, and aware of common drug-drug interactions or DDIs affecting ART)
- **Advanced HIV care and treatment** (i.e., comfortable designing initial regimens for all patients/clients, able to interpret resistance assay results and determine next steps using evidence-based study results, knows nuances of DDIs affecting ART, and able to teach others about basic ART management)
- **Expert HIV care and treatment, including training others and/or clinical consultation** (i.e., comfortable designing ART regimens based on resistance testing results, DDIs, and patient/client characteristics for people with HIV from newly diagnosed to long-term survivors, aware of most of the major research findings about ART and care for people with HIV, able to read and explain the results of clinical research trials, able to teach others about HIV care and management of all levels of experience, and comfortable acting as an educational clinical consultant)

**21. How many YEARS have you been providing services directly to patients/clients with HIV?**

*Round up to the nearest whole year. If less than one year, write "01".*

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**22. Estimate the NUMBER of patients/clients with HIV to whom you provided services directly in the past 12 months. *If you are unsure about the exact number, please round up to the nearest whole number.***

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**For questions 24-26, estimate the percentage of your patients/clients with HIV in the past 12 months in respective categories.**

**23. Estimate the PERCENTAGE of your patients/clients with HIV in the past 12 months who are receiving antiretroviral therapy (ART). *Select one.***

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%
- Don't know/unsure

**24. Estimate the PERCENTAGE of your patients/clients with HIV in the past 12 months who are people from racial/ethnic minority groups. *Select one.***

- None

- 1-24%
- 25-49%
- 50-74%
- ≥75%
- Don't know/unsure

**25. In the past 12 months, indicate if approximately 50% OR GREATER of your patient/client population with HIV was in the following categories, select all that apply:**

- Uses substances
- Has mental health disorder(s)
- Has hepatitis B/HBV
- Has hepatitis C/HCV
- Has sexually transmitted infection(s)
- None of the above