

PARTICIPATING CLINIC PROFILE FOR AETC PRACTICE TRANSFORMATION PROJECT

Instructions: Regional AETC staff will complete this form and submit to the AETC NEC by April 29th, 2016. The AETC NEC will use this form to link the clinic code to the other evaluation instruments.

1. Assign one of the 15 codes the AETC NEC shared with you to this clinic.

Clinic Code Number: _____

Keep track of this code and use the same code for this clinic throughout the course of the project. Clinic identity/name should not be shared with the AETC NEC.

2. Anticipated date AETC PT project activities will begin (i.e., when will the project formally start for this clinic; if project already started, then provide the date it began): ___/___/____

(mm/dd/yyyy)

3. County clinic is located in: _____

4. State clinic is located in: _____

5. Check the type of clinic and funding the site currently receives (check all that apply).

- CHC receiving operational funding under section 330 of the PHS Act
- RWHAP site receiving Part A funding
- RWHAP site receiving Part B funding
- RWHAP site receiving Part C funding

6. If a CHC, does the clinic provide HIV care services beyond HIV screening and testing?

- Yes
- No

7. Is the clinic a recognized and/or certified Patient-Centered Medical Home (PCMH)?

- Yes
 - i. If yes, what type of certification/recognition do they have and in what year was it obtained? _____
 - ii. What level are they certified at? _____
- No
 - i. If no, is the clinic a certified Patient-Centered Specialty Practice (PCSP)?
 - Yes
 - No