

Practice Transformation Clinic Completion Form (PT-CCF)

Instructions: The goal of the *PT-CCF* is to document a clinic’s completion of the AETC PT Project, the reason(s) for ending participation, and the status of project activities prior to completion. This form is completed by the PT Coach and PT Clinic Leadership immediately after a clinic ends its participation in the AETC PT Project, or by the PT Coach only if the clinic ends participation earlier than planned.

1. **Date Form Completed:** ____ / ____ / ____ (MM/DD/YYYY)
2. **AETC Region Number:** ____
3. **Local Partner Site Number:** ____
4. **Clinic ID#:** ____
5. **Date clinic initiated activities:** ____ / ____ / ____ (MM/DD/YYYY)
6. **Originally planned end date:** ____ / ____ / ____ (MM/DD/YYYY)
7. **Date clinic formally completed activities:** ____ / ____ / ____ (MM/DD/YYYY)
8. **Which activities of the AETC PT Project implementation were completed prior to the clinic completing activities? (Select all that apply)**

- Negotiating memoranda of understanding
- Establishing project goals
- Baseline data collection
- Planning and developing a training and technical assistance plan
- Finalizing the formal training and technical assistance plan
- Implementing components of the training and technical assistance plan
- Follow-up data collection
- Other, please specify: _____

9. **Did the clinic complete participation in the AETC PT Project at the planned time?**
 - Yes, the clinic completed the PT Project as planned (*Skip to Question 11*)
 - No, the clinic completed the PT Project earlier than planned (*Continue to Question 10*)
 - Other, please specify: _____ (*Skip to Question 11*)

10. Which of the following describes the clinic's reasons for ceasing AETC PT Project activities earlier than planned? (Select all that apply)

- Insufficient clinic buy-in from senior leadership
- Change in clinic leadership
- Staff turnover
- Other clinic or departmental priorities
- Participation in the project requirements was more intensive than anticipated
- Clinic has the resources to meet its HIV prevention, care, and treatment goals and does not require additional support
- Unable to agree upon a scope of work that fit with the clinic's goals
- Unable to communicate with the clinic
- Other, please specify: _____

11. Describe the lessons learned throughout the course of the clinic's participation in the AETC PT Project.

12. What are three main accomplishments that the clinic has achieved since its involvement in the AETC PT Project?
