

HRSA AIDS Education and Training Centers EVENT RECORD

Instructions: This form should be completed by the program office or trainer that sponsored the training event.

Name of Event: _____

1. AETC Number:

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2. Local Partner number:

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3. Event Date:

M	M	D	D	Y	Y	Y	Y

4. Were any Minority AIDS Initiative funds used to support this event?

Yes No

5. Which of the following sources of funds was also used to support this event. (Select one)

- MAI
- AETC
- CDC funding

6. Of the sources of AETC programmatic funding, which of the following were used?

- Core Training and Technical Assistance (Skip to question 9)
- Practice Transformation (Skip to question 7)
- Interprofessional Education (Skip to question 8)
- None, MAI only (Skip to 10)

7. Clinic ID# (for Practice Transformation Project only)

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8. Health Professional Program ID# (for Interprofessional Education Project only)

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9. Is this training part of a multi-session event?

Yes No (Skip to question 11)

10. How many sessions are planned?

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11. What session number is this training event?

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12. State where event occurred: (for live online events, use state where event was hosted):

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13. ZIP code where event was hosted (for live online events, use state where event was hosted):

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14. List the unique identifiers (email addresses) for all event participants.

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

- HIV prevention
- HIV testing and diagnosis
- Linkage/referral to HIV care
- Engagement and retention in HIV care
- Antiretroviral treatment and adherence
- Management of co-morbid conditions
- Other, please specify

For questions 16 through 20, check to indicate whether each topic was covered for 15 minutes or longer during in the event.

16. HIV prevention

- Behavioral prevention
- Harm reduction / safe injection
- HIV transmission risk assessment
- Postexposure prophylaxis (PEP, occupational and nonoccupational)
- Preeposure prophylaxis (PrEP)
- Prevention of perinatal or mother-to-child transmission
- U=U/treatment as prevention
- Other biomedical prevention

17. HIV background and management

- Acute HIV
- Adult and adolescent antiretroviral treatment
- Aging and HIV
- Antiretroviral treatment adherence, including viral load suppression
- Basic Science
- Clinical manifestations of HIV disease
- 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, please specify

18. Primary Care and Comorbidities

- Cervical cancer screening, including HPV
- Hepatitis B
- Hepatitis C
- Immunization
- Influenza
- Malignancies
- Medication-assisted therapy for substance use disorders (i.e., buprenorphine, methadone, and/or naltrexone)
- Mental health disorders
- Non-infection comorbidities of HIV or viral hepatitis (i.e. cardiovascular, neurologic, renal disease)
- Nutrition
- Opportunistic infections
- Oral health
- Osteoporosis
- Pain management
- Palliative care
- Primary care screenings
- Reproductive health, including preconception planning
- Sexually transmitted infections
- Substance use disorders, not including opioid use
- Opioid use disorder
- Tobacco cessation
- Tuberculosis
- Other, please specify

19. Issues related to care of people living with HIV

- Cultural competence
- Health literacy
- Low English proficiency
- Motivational interviewing
- Stigma or discrimination

20. Health care organization or systems issues

- Billing for services and payment models
- Case management
- Community linkages
- Confidentiality / HIPAA
- Coordination of care
- Funding or resource allocation
- Health insurance coverage (i.e. Affordable Care Act, health insurance

- exchanges, managed care)
- Legal issues
- Organizational infrastructure
- Organizational needs assessment
- Patient-centered medical home
- Practice Transformation
- Quality Improvement
- Team-based care (i.e. interprofessional training)
- Telehealth
- Use of technology (i.e. electronic health records)

21. Did the event address any of the following target populations? Check 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, or other gender
- Homeless or unstably housed
- Incarcerated or recently released
- Immigrants
- U.S.-Mexico border population
- Rural populations
- Other special population (specify: _____)

22. Which other AETCs collaborated to organize the event? Check all that apply.

- AETC National Coordinating Resource Center
- AETC National Clinicians' Consultation Center
- Mid Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC
- South Central AETC
- Southeast AETC

23. Which other federally-funded training centers collaborate to organize the event? Check all that apply.

- Addiction Technology Transfer Center (ATTC)
- Area Health Education Center (AHEC)
- Capacity Building Assistance (CBA) Provider
- Family Planning National Training Center
- Mental Health Technology Transfer Centers (MHTTC)
- Public Health Training Center (PHTC)
- STD Clinical Prevention Training Center (PTC)
- TB Regional Training and Medical Consultation Center
- Viral Hepatitis Education and Training Project

24. Did any other organizations collaborate to organize this event? (Select all that apply)

- AIDS services organization
- Other community-based organization
- Community health center, or Federally Qualified Health Center (FQHC) funded by HRSA
- Correctional institution
- Faith-based organization
- Health professions school
- Historically Black College or University
- Hispanic-Serving Institution
- Hospital or hospital-based clinic
- Ryan White HIV/AIDS Program-funded organization, including subrecipients
- Tribal College or University
- Tribal health organization
- Other (specify: _____)

25. Number of hours for each type of training or technical assistance modality for the event. Enter hours rounded to the nearest ¼ hour in each cell (.25 = ¼, .50 = ½ hour, .75 = ¾ hour). Do not enter data into cells that contain “not applicable.”

Training and TA Modality	In-person	Distance-based (live)	Distance-based (archived)
Didactic presentations			
Interactive presentations			Not applicable
Communities of practice			Not applicable
Clinical preceptorships			Not applicable
Clinical consultation			Not applicable
Coaching for organizational capacity building Start date: ___/___/___ MM/DD/YYYY End date: ___/___/___ MM/DD/YYYY Number of Sessions During this Period: _____(#)			Not applicable

26. Were continuing education credits made available to trainees?

Yes No