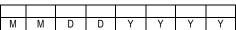# HRSA AIDS Education
and Training Centers
EVENT RECORD

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

Name of Event: _____

1. **AETC Number:**

2. **Local Partner number:**

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 9)

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

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

9. **Is this training part of a multi-session event?**
   ○ Yes   ○ No (Skip to question 11)

10. **How many sessions are planned?**

11. **What session number is this training event?**

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

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

15. **Select the topics that best describe the content covered by this training. Check all that apply.**
   a. HIV prevention
   b. HIV testing and diagnosis
   c. Linkage/referral to HIV care
   d. Engagement and retention in HIV care
   e. Antiretroviral treatment and adherence
   f. Management of co-morbid conditions
   g. 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**
   a. Behavioral prevention
   b. Harm reduction / safe injection
   c. HIV transmission risk assessment
   d. Postexposure prophylaxis (PEP, occupational and nonoccupational)
   e. Preexposure prophylaxis (PrEP)
   f. Prevention of perinatal or mother-to-child transmission
   g. U=U/treatment as prevention
   h. Other biomedical prevention

17. **HIV background and management**
   a. Acute HIV
   b. Adult and adolescent antiretroviral treatment
   c. Aging and HIV
   d. Antiretroviral treatment adherence, including viral load suppression
   e. Basic Science
   f. Clinical manifestations of HIV disease
   g. HIV diagnosis (i.e. HIV testing)
   h. HIV epidemiology
   i. HIV monitoring lab tests (i.e. CD4 and viral load)
   j. HIV resistance testing and interpretation
   k. Linkage to care
   l. Pediatric HIV management
   m. Retention and/or re-engagement in care
   n. Other (specify: _____)

18. **Primary Care and Comorbidities**
    a. Cervical cancer screening, including HPV
    b. Hepatitis B
    c. Hepatitis C
    d. Immunization
    e. Influenza
    f. Malignancies
    g. Medication-assisted therapy for substance use disorders (i.e., buprenorphine, methadone, and/or naltrexone)
    h. Mental health disorders
    i. Non-infection comorbidities of HIV or viral hepatitis (i.e. cardiovascular, neurologic, renal disease)
    j. Nutrition
    k. Opportunistic infections
    l. Oral health
    m. Osteoporosis
    n. Pain management
    o. Palliative care
    p. Primary care screenings
    q. Reproductive health, including preconception planning
    r. Sexually transmitted infections
    s. Substance use disorders, not including opioid use
    t. Opioid use disorder
    u. Tobacco cessation
    v. Tuberculosis
    w. Other (specify: _____)

19. **Issues related to care of people living with HIV**
    a. Cultural competence
    b. Health literacy
    c. Low English proficiency
    d. Motivational interviewing
    e. Stigma or discrimination

20. **Health care organization or systems issues**
    a. Billing for services and payment models
    b. Case management
    c. Community linkages
    d. Confidentiality / HIPAA
    e. Coordination of care
    f. Funding or resource allocation
    g. Health insurance coverage (i.e. Affordable Care Act, health insurance exchanges, managed care)
    h. Legal issues
    i. Organizational infrastructure
    j. Organizational needs assessment
    k. Patient-centered medical home
    l. Practice Transformation
    m. Quality Improvement
    n. Team-based care (i.e. interprofessional training)
    o. Telehealth
    p. Use of technology (i.e. electronic health records)

21. **Did the event address any of the following target populations? Check all that apply.**
    a. Children (ages 0 to 12)
    b. Adolescents (ages 13 to 17)
    c. Young adults (ages 18 to 24)
    d. Older adults (ages 50 and over)
    e. American Indian or Alaska Native
    f. Asian
    g. Black or African American
    h. Hispanic or Latino
    i. Native Hawaiian or Pacific Islander
    j. Other race / ethnicity (specify:)
    k. Women
    l. Gay, lesbian, bisexual, transgender, or other gender
    m. Homeless or unstably housed
    n. Incarcerated or recently released
    o. Immigrants
    p. U.S.-Mexico border population
    q. Rural populations
    r. Other special population (specify:)

22. **Which other AETCs collaborated to organize the event? Check all that apply.**
    a. AETC National Coordinating Resource Center
    b. AETC National Clinicians' Consultation Center
    c. Mid Atlantic AETC
    d. Midwest AETC
    e. Mountain West AETC
    f. New England AETC
    g. Northeast/Caribbean AETC
    h. Pacific AETC
    i. South Central AETC
    j. Southeast AETC

23. **Which other federally-funded training centers collaborate to organize the event? Check all that apply.**
    a. Addiction Technology Transfer Center (ATTC)
    b. Area Health Education Center (AHEC)
    c. Capacity Building Assistance (CBA) Provider
    d. Family Planning National Training Center
    e. Mental Health Technology Transfer Centers (MHTTC)
    f. Public Health Training Center (PHTC)
    g. STD Clinical Prevention Training Center (PTC)
    h. TB Regional Training and Medical Consultation Center
    i. Viral Hepatitis Education and Training Project

24. **Did any other organizations collaborate to organize this event? (Select all that apply)**
    a. AIDS services organization
    b. Other community-based organization
    c. Community health center, or Federally Qualified Health Center (FQHC) funded by HRSA
    d. Correctional institution
    e. Faith-based organization
    f. Health professions school
    g. Historically Black College or University
    h. Hispanic-Serving Institution
    i. Hospital or hospital-based clinic
    j. Ryan White HIV/AIDS Program-funded organization, including subrecipients
    k. Tribal College or University
    l. Tribal health organization
    m. 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	Start date:___/___/_____ MM/DD/YYYY End date:___/___/_____ MM/DD/YYYY	Not applicable
Number of Sessions During this Period:			

26. **Were continuing education credits made available to trainees?**

   ○ Yes   ○ No

27. **Program ID Number: The program ID number is a unique number generated by the AETC to identify the event.**