Public Burden Statement: 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 project is 0915-0281. Public reporting burden for this collection of information is estimated to average .14 hours 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857. 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.

. AE	TC Nur	nber:														
. Lo	al Pari	tner nu	mber:													
. Ev	ent Dat	e:														
М	М	D	D	Υ	Υ	Y	Υ									
. ZIF vas l	code v	where e :	event o	ccurrec	l (for liv	e onlin	e event	s, use	state	where	event					
_					j											
he p	gram l rogram	D Num ID num	ber: iber is a	unique	numbe	r gener	ated by	he AE	TC to	identify	y the					
vent				•		Ü	•			•	•					
								1								
	l .	1	-	-												
i. Lis	t the ui	nique id	dentifie	rs for a	II partio	ipants	of the e	vent.								
							of the e	vent.								
6. Lis	t the u	nique id	dentifie L	rs for a	II partio	cipants D	of the e	vent.								
								vent.								
								vent.								
								vent.								
								vent.								
								vent.								
								went.								
								vent.								
								vent.								
								went.								
								vent.								
								vent.								
								vent.								
								vent.								

OMB Number: 0915-0281

Expiration date (07/31/2019).

O Postexposure prophylaxis (PEP, occupational and nonoccupational)

the event.

7. HIV prevention

O Behavioral prevention
O Harm reduction / safe injection
O HIV transmission risk assessment

O Preexposure prophylaxis (PrEP)	
O Prevention of perinatal or mother-to-child transmission	13. Did the event address any of the following target populations?
O Other biomedical prevention	O Children (ages 0 to 12)
	O Adolescents (ages 13 to 17)
8. HIV background and management	O Young adults (ages 18 to 24)
O Acute HIV	O Older adults (ages 50 and over)
Adult and adolescent antiretroviral treatment	O American Indian or Alaska Native
O Aging and HIV	O Asian
 Antiretroviral treatment adherence, including viral load suppression 	O Black or African American
O Basic Science	O Hispanic or Latino
O Clinical manifestations of HIV disease	O Native Hawaiian or Pacific Islander
O HIV diagnosis (i.e. HIV testing)	O Other race / ethnicity (specify:)
O HIV epidemiology	O Women
O HIV monitoring lab tests (i.e. CD4 and viral load)	O Gay, lesbian, bisexual or transgender
O HIV resistance testing and interpretation	O Homeless or unstably housed
O Linkage to care	O Incarcerated or recently released
O Pediatric HIV management	O Immigrants
O Retention and/or re-engagement in care	O U.SMexico border population
	O Rural populations
9. Primary Care and Co-morbidities	O Other special population (specify:)
O Cervical cancer screening, including HPV	
O Hepatitis B	14. Which other AETCs collaborate to organize the event?
O Hepatitis C	O Frontier AETC
O Immunization	O Mid-Atlantic AETC
O Influenza	O Midwest AETC
O Malignancies	O New England AETC
Medication-assisted therapy for substance use disorders (i.e.e.)	O Northeast Caribbean AETC
buprenorphine, methadone, and/or naltrexone)	O Pacific AETC
O Mental health disorders	O South Central AETC
O Non-infection comorbidities of HIV or viral hepatitis (i.e. cardiovascular,	O Southeast AETC
neurologic, renal disease)	O AETC National Clinicians' Consultation Center
O Nutrition	O AETC National Condinating Resource Center
O Opportunistic infections	O AETO National Evaluation Center
O Oral health	O Same region but different local partner (enter LP number):
	O Duke NP program
O Osteoporosis	O Johns Hopkins NP program
O Pain management	
O Paliative care	O Rutgers NP program
O Primary care screenings	O SUNY PA program
O Reproductive health, including preconception planning	O UCSF NP program
O Sexually transmitted infections	
O Substance use disorders	15. Which other federally-funded training centers collaborate to organize the
O Tobacco cessation	event?
O Tuberculosis	O Addiction Technology Transfer Center (ATTC)
	O Area Health Education Center (AHEC)
10. Issues related to care of people living with HIV	O Capacity Building Assistance (CBA) Provider
O Cultural competence	O STD Clinical Prevention Training Center (PTC)
O Health literacy	 TB Regional Training and Medical Consultation Center
Motivational interviewing	O Viral Hepatitis Education and Training Project
O Stigma or discrimination	O Public Health Training Center (PHTC)
O Low English proficiency	O Family Planning National Training Center
11. Education	16. Did any other organizations collaborate to organize this event? Check yes or
O Adult learning principles	no.
O Best practices in training	O AIDS services organization
O Curriculum development	O Other community-based organization
O Use of technology for education (i.e. webinar development)	O Health professions school
· · · · · · · · · · · · · · · · · · ·	O Faith-based organization
12. Health care organization or systems issues	O Community health center, including federally qualified health center (FQHC)
O Billing for services and payment models	funded by HRSA
O Case management	O Historically Black College or University
O Community linkages	O Hispanic-Serving Institution
O Confidentiality / HIPAA	O Tribal College or University
O Coordination of care	O Hospital or hospital-based clinic
O Funding or resource allocation	O Ryan White HIV/AIDS Program-funded organization, including subrecipients
O Health insurance coverage (i.e. Affordable Care Act, health insurance	O Tribal health organization
exchanges, managed care)	O Correctional institution
O Legal issues	O Other (specify:)
O Organizational infrastructure	AT N. J. Al. A. J. A. J. A. J.
O Organizational needs assessment	17. Number of hours for each type of training or technical assistance modality
O Patient-centered medical home	for the event. Enter hours rounded to the nearest $\frac{1}{4}$ hour in each cell (.25 = $\frac{1}{4}$,
O Practice Transformation	$.50 = \frac{1}{2}$ hour, $.75 = \frac{3}{4}$ hour). Do not enter data into cells that contain "not
O Quality Improvement	applicable."
O Team-based care (i.e. interprofessional training)	
O Use of technology for patient care (i.e. electronic health records)	

Training and TA Modality	In-person	Distance-based (live)	Distance-based (archived)
Didactic presentations			
Interactive presentations			Not applicable
Communities of practice			Not applicable
Self-study	Not applicable	Not applicable	
Clinical preceptorships			Not applicable
Clinical consultation			Not applicable
Coaching for organizational capacity building			Not applicable

18. Were continuing	g education	credits made	available to	trainees?
---------------------	-------------	--------------	--------------	-----------

OYes	ONo
O 163	ONG

- 19. Indicate which of the following sources of funds were used to support this event.
 - O Core Training and Technical Assistance
 O Practice Transformation
 O Interprofessional Education
 O Minority AIDS Initiative (MAI)
 O CDC

OMB Number: 0915-0281 Expiration date (07/31/2019).