HRSA AIDS Education and Training Centers
EVENT RECORD

1. Date of Event (mm/dd/yy)   **2.** Name of Event: **3.** Training Location Zipcode

☐☐ / ☐☐ / ☐☐   _____   ☐☐☐☐☐
mm   dd   yy

4. Topics (Fill in the bubble to the left of ALL topics covered in the program.)

Clinical Management
- O 1. Adherence
- O 2. Antiretroviral Treatment
- O 3. Non-ART Treatment
- O 4. Basic Science/Epidemiology
- O 5. Clinical Manifestations of HIV Disease
- O 6. Co-Morbidities
- O 7. HIV Routine Laboratory Tests
- O 8. Hepatitis A, B, C
- O 9. Nutrition
- O 10. Opportunistic Infections
- O 11. Oral Health
- O 12. Pediatric HIV Management/ Perinatal Transmission
- O 13. Pre/Post-Exposure Prophylaxis, (Occupational & Non-Occupational)
- O 14. Reproductive Health
- O 15. Resistance/ Genotype-Phenotype Interpretation
- O 16. Routine Primary Care Screenings

Health Care Organization and Delivery Issues
- O 17. Agency Needs Assessment
- O 18. Community Linkages
- O 19. Cultural Competence
- O 20. Education Development/Delivery
- O 21. Grant Issues
- O 22. Health Literacy
- O 23. Healthcare Development/ Clinical Service Coordination
- O 24. Healthcare Organization and Finances
- O 25. HIPAA/Confidentiality
- O 26. Quality Improvement
- O 27. Resource Allocation
- O 28. Technology

Prevention and Behavior Change
- O 29. Risk Assessment
- O 30. Risk Reduction/Harm Reduction
- O 31. Routine HIV Testing

Psychosocial Issues
- O 32. Mental Health
- O 33. Substance Abuse

Targeted Populations
- O 34. Adolescent (Ages 13-24)
- O 35. Children (Birth – 12)
- O 36. Gay/Lesbian/Bisexual/Transgender
- O 37. Homeless/Unstably Housed
- O 38. Immigrant/Border Populations
- O 39. Incarcerated Individuals
- O 40. People Over 50 Years of Age
- O 41. Racial/Ethnic Minorities
- O 42. Rural Populations
- O 43. Women
- O 44. Other Population _____

5. Were any funds from the following initiatives used to support this event?
- O 1. American Indian/Alaska Native
- O 3. Minority AIDS Initiative (MAI)
- O 2. Border Health Initiative
- O 0. None of the above

6. What other organizations helped with this event? (Select all that apply.)

O None

Other AETCs
- O Delta
- O FL/Caribbean
- O Midwest
- O Mtn. Plains
- O New England
- O NY/NJ
- O Northwest
- O Pacific
- O PA/Mid-Atlantic
- O Southeast
- O Tx/OK
- O Ntl. Clinicians' Consult. Ctr. (NCCC)
- O Ntl. Multi-Cultural Ctr.
- O Ntl. Resource Ctr. (NRC)
- O Ntl. Evaluation Ctr.(NEC)
- O CBA For CHCs

Other Training Centers
- O Addiction Technology Transfer Center (ATTC)
- O Area Health Education Center (AHEC)
- O Prevention Training Center (PTC)
- O Regional Training Center (RTC)
- O TB Training Center

Other Agencies
- O AIDS Community-Based Organizations
- O College/University/Health Professions School
- O Faith-Based Organization
- O Community Health Center
- O Historically Black College or University/ Hispanic Serving Institution/Tribal College or University
- O Hospital/Hospital-Based Clinic
- O Agencies funded by Ryan White Program
- O Tribal Health Organizations
- O Corrections

7. # of Participants   ☐☐☐☐

8. # PIFs collected   ☐☐☐☐

9. Length of Session

Total Hours of Event: Fill in hours of event to the nearest quarter hour;
.25 = ¼ ; .50 = ½ hour; .75 = ¾ hour

	Hours
Level I Didactic Presentation	☐☐☐ . ☐☐
Level II Skills Building	☐☐☐ . ☐☐
Level III Clinical Training	☐☐☐ . ☐☐
Level IV Group Clinical Consultation	☐☐☐ . ☐☐
Level IV Individual Clinical Consultation	☐☐☐ . ☐☐
Level V Technical Assistance	☐☐☐ . ☐☐

10. Select the training modalities or technologies that were applied in the event. (Select all that apply.)
- O 1. Chart/Case Review
- O 2. Clinical Preceptorship/Mini-Residency
- O 3. Computer –based
- O 4. Conference call/Telephone
- O 5. Lecture/Workshop
- O 6. Role Play/Simulation
- O 7. Self-Study
- O 8. Telemedicine
- O 9. Webcast/Webinar

Office Use Only	AETC ☐☐	LPS ☐☐☐	Agency ☐☐☐☐	Program ID ☐☐☐☐☐☐☐☐