

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program's performance and identify gaps in RWHAP-related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program's accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. 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 information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

HRSA Ryan White HIV/AIDS Program (RWHAP) Part F Regional AIDS Education and Training Centers (AETC) Participant Post Activity Survey (PPA) - Immediate

Instructions: This form should be completed by participants at the conclusion of each activity that took place during the reporting period (July 1 – June 30). The end of this form (questions 8-11) should be completed by the AETC or the Local Partner Site.

1. Unique ID: Enter the email address you used to register for this activity. *Please consistently use this email address for registering for future AETC programs or notify the AETC of any change. For Interprofessional Education (IPE) program students, please use your personal email address.*

2. To what extent did this activity affect your knowledge about HIV prevention, care, and treatment? *Select one.*

- Not at all
- Slightly
- Moderately
- Substantially
- Extremely

3. To what extent will you be able to apply the new knowledge and/or skills obtained during this activity to the provision of HIV prevention, care, and/or treatment? *Select one.*

- Not at all
- Slightly
- Moderately
- Substantially
- Extremely
- Not applicable

4. How satisfied or dissatisfied are you with the activity you attended? *Select one.*

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

5. In comparison to before this training, your ability to provide effective HIV prevention, care, and/or treatment services improved... *Select one.*

- Not at all

- Slightly
- Moderately
- Substantially
- Extremely
- Not applicable

6. Are you currently involved in HIV prevention, care, or treatment or do you intend to be involved in HIV prevention, care, or treatment in your future practice or career? *Select one.*

- Yes (**Stop here. You are done with this form.**)
- No
- Unsure

7. What is/are the reason(s) you are not involved or do not intend to be involved in HIV care, treatment or prevention in your current practice or future career? *Select all that apply.*

- Lack-of-interest in HIV prevention, care, and treatment
- Limited support or mentorship in the HIV prevention, care, and treatment field
- Pursuing career outside of healthcare
- Pursuing different healthcare specialization
- HIV prevention, care, and treatment services are not provided at my workplace
- Not currently working
- Enrolled in a degree program (i.e., student)
- Currently a resident or intern
- Current profession/role does not primarily involve HIV care, treatment, or prevention
- Other, (**specify: _____**)

-----FOR AETC/LOCAL PARTNER USE ONLY-----

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

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9. AETC Number:

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10. Local Partner Number:

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11. Activity Dates:

a. Start Date:

M	M	D	D	Y	Y	Y	Y

b. End Date:

M	M	D	D	Y	Y	Y	Y