

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 0906-0108 and it is valid until 7/31/2028. 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 13N82, 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
AIDS Education and Training Centers (AETC)
Interprofessional Education– One-Year Post-Participation Survey
(IPE-Long Term)
(1 year post; HIV IPE students only)**

Instructions: This form should be completed by IPE students only, 1-year (12 months) post-completion of the IPE program.

1. **Unique ID: Enter an email address as a personal identifier.**

Please use the email address used when you completed the Individual Participant Record Form (IND-PAR). Using your personal email address is recommended.

2. **If applicable, please provide your individual National Provider Identifier (NPI)**

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3. **If applicable, please provide your individual CMS Certification Number (CCN).**

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4. **What month and year did you complete your AETC Interprofessional Education (IPE) program?**

a.

M	M

b.

Y	Y	Y	Y

5. **In comparison to before your involvement in an AETC IPE program, your capability to work on an interprofessional health care team to care for people with HIV improved.... *Select one.***

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

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
- No (skip to question 16)
- Not applicable-not currently working (skip to question 16)

7. Primary work or training site ZIP code(s), provide up to three (3):

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8. Your primary profession/discipline/training program. *Select one.*

- Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)
- Administrative professional (e.g., front desk staff, grant writer, non-clinical management, etc.), (specify: _____)
- Case manager
- Clergy or faith-based professional
- Community health worker (includes peer educator or navigator)
- Dentist
- Dietitian or nutritionist
- Nurse professional (non-prescriber)
- Pharmacist
- Physician (specialty: _____)
- Physician assistant/associate
- Psychologist
- Social worker
- Substance use disorder professional
- Other allied health professional (e.g., medical assistant, physical therapist, etc.), (specify: _____)
- Other clinical professional (e.g., podiatrist, chiropractor, etc.), (specify: _____)
- Other dental professional
- Other public health professional, (specify: _____)
- Other, (specify: _____)

- Not currently working (**skip to question 16**)

9. Your primary functional role (e.g., job title). *Select one.*

- Administrator/practice administrator/organizational leadership (e.g., chief executive officer, nurse administrator, etc.)
- Agency board member
- Care provider/clinician – cannot/does not prescribe HIV treatment
- Care provider/clinician – can/does prescribe HIV treatment
- City, local, or state government employee
- Client educator
- Clinical/medical assistant
- Counselor (mental health)
- Federal government employee
- Fellow
- Health care organization non-clinical staff (e.g., front desk, etc.)
- HIV tester or counselor (HIV testing)
- Intern/resident
- Mental health professional
- Patient navigator
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- Other, (**specify:** _____)
- Not currently working

10. Do you provide services directly to any patients/clients? *Select one.*

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

11. Which HIV prevention services do you provide to any patients/clients? *Select all that apply.*

- HIV prevention counseling
- HIV testing
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- I do not provide any of the above HIV prevention services

12. Do you provide services directly to patients/clients with HIV?

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

13. Which of the following care and treatment services do you provide to patients/clients with HIV? *Select all that apply.*

- Antiretroviral therapy (ART)
- Clinical services other than ART (e.g., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)
- Non-clinical support services (e.g. transportation, legal, etc.)

14. Which of the following best describes your primary employment setting? *Select one.*

- Academic medical/health center
- Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)
- Dental health facility
- Emergency department
- Health center (Federally Qualified Health Center or FQHC)
- Non-FQHC (e.g., HRSA Health Center Program Look-Alike or LAL)
- Health maintenance organization (HMO)/managed care organization
- HIV or infectious diseases clinic
- Hospital
- Indian health service/tribal clinic
- Long-term care facility
- Maternal/child health clinic
- Mental health clinic
- Military or veterans' health facility
- Other community-based organization
- Other federal health facility
- Pharmacy
- Private practice
- Sexually transmitted infection (STI) clinic
- State or local health department
- Student health clinic
- Substance use treatment center
- University/Institution of higher education
- Other primary care setting

15. Are you practicing in an underserved area? *Select one. (The Department of Health and Human Services designates medically underserved areas/populations as areas or populations having too few primary care providers, high infant mortality, high poverty, or high elderly population)*

- Yes
- No
- Not sure

16. For those who answered "No" or "Not applicable-not currently working" to question 6: What is/are the reason(s) you are not 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: _____)

