

**OFFICE USE ONLY**

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Course ID

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Access Record ID

**CDC National Network of STD/HIV  
Prevention Training Centers  
PARTICIPANT INFORMATION FORM  
PLEASE FILL OUT COMPLETELY**

Interviewing and Observations to

**Course Title:** Adapt Evidence-based Interventions    **Date:** November 17-18, 2009    **Course Location:** St. Petersburg, FL

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_

Degree \_\_\_\_\_ Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not US) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**R E Q U I R E D**

To create your unique ID number, use the first two letters of your first name, the first two letters of your last name, the month of your birth, and the day of your birth. For example: John Smith, May 29 has the ID number JOSM0529

_ _ # # (first 2 letters of your <b>FIRST</b> name)	_ _ # # (first 2 letters of your <b>LAST</b> name)	_ _ M M ( <b>MONTH</b> of birth)	_ _ D D ( <b>DAY</b> of birth)
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- Your gender:**  Female     Male     Transgender
- Your ethnicity (select one):**  Hispanic or Latino     Not Hispanic or Latino
- Your racial background (select one or more):**  
 American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or Other Pacific Islander     White
- Your occupation classification (select only one):**  
 Clinical/laboratory... If you select Clinical: Answer **ONLY** questions 5-6  
 Non-clinical..... If you select Non-clinical: Answer **ONLY** questions 7-8

**5. Your profession (select only one):**

- 1-Physician     2-Physician's Assistant     3-Registered nurse     4-LPN/LVN  
 5-Advanced practice nurse     7-Laboratorian     8-Other, please specify: \_\_\_\_\_

**6. Your primary functional role (select only one):**

- 1-Clinician     2-Administrator     3-Supervisor     4-Program manager/coordinator  
 5-Case manager     6-Prevention case manager     7-Counselor     8-Researcher     9-Resident/fellow  
 10-Laboratorian     11-Student     12-Faculty     13-Health educator     14-Trainer     15-Outreach  
 16-Disease intervention/investigation     17-Not employed  
 18-Other, please specify: \_\_\_\_\_

Clinical/Laboratory

**7. Your profession (select only one):**

- 1-Epidemiologist     2-Community health worker     3-Disease intervention specialist/investigator  
 4-Health educator     5-Social worker     6-Behavioral scientist     7-Counselor     8-Administrator  
 9-Mental health therapist     10-Other, please specify: \_\_\_\_\_

**8. Your primary functional role (select only one):**

- 1-Administrator     2-Supervisor     3-Program manager/coordinator     4-Case manager  
 5-Prevention case manager     6-Counselor     7-Researcher/epidemiologist     8-Resident/fellow  
 9-Student     10-Faculty     11-Health educator     12-Trainer     13-Outreach  
 14-Disease intervention/investigation     15-Not employed  
 16-Other, please specify: \_\_\_\_\_

Non Clinical

**Please fill out the back of this form. Thanks**

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_

9. Location of your principal employment setting: State or territory: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Your principal employment setting (select only one):

- 1-Community-based service organization (CBO)-(go to 10a.)  2-State/local health department  
 3-School/university (academic department)  4-Hospital or hospital-affiliated clinic  5-HMO/managed care organization  
 6-Solo/group private medical practice  7-School/university (student health clinic)  
 8-Correctional facility  9-Military  10-Tribal/Indian Health Service  
 11-Community/non-profit health center/clinic  12-Capacity-Building Assistance (CBA) provider-(go to 10b.)  
 13-Not employed  14-Other, please specify: \_\_\_\_\_

a. If your principal employment setting is a Community Based Organization (CBO), please specify how your agency is funded, please select only one:

- 1-Directly funded by CDC – program announcement 04064  2-Directly funded by CDC – program announcement 03003  
 3-Other CDC program announcement, please specify: \_\_\_\_\_  
 4-Health department  5-Other, please specify: \_\_\_\_\_

b. If your organization receives CDC funding to provide Capacity Building and Technical Assistance (CBA provider), please specify how your agency is funded, please select only one:

- 1-Directly funded by CDC - program announcement 05051  2-Directly funded by CDC - program announcement 04019  
 3-Other CDC program announcement, please specify: \_\_\_\_\_  
 4-Health department  5-Other, please specify: \_\_\_\_\_

11. Primary programmatic focus of your work: (select up to two):

- STD  HIV/AIDS  Women's reproductive health  General medicine or Family practice  
 Adolescent/student health  Mental health  Substance use/addiction  Emergency medicine  
 Corrections  Other, please specify: \_\_\_\_\_

12. Special population(s) or target group(s) focused on by your work/program (select up to three):

- No target group/general  Adolescents  Gay/Lesbian/Bisexual/MSM  Transgender  Homeless  
 Incarcerated individuals/parolees  Pregnant women  Sex workers  African Americans  
 Asians  Native Hawaiian/other Pacific Islanders  American Indian/Alaska Native  Hispanic/Latinos  
 Recent immigrants/refugees  Substance users/IDU  Substance users/non-IDU  HIV+ individuals  
 Other special population, please specify: \_\_\_\_\_

13. How did you hear about this course? (select only one)

- 1-Flyer/brochure  2-Word of mouth/colleague  3-E-mail  4-Notice in newsletter/journal  
 5-Website/internet  6-Conference exhibit  7-Previous PTC course  8-Program requirement  
 9-Other, please specify: \_\_\_\_\_

14. Do you consent to being contacted for:

- Updates?  Yes  No  
Evaluation purposes?  Yes  No

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Local Use Only:

Rec'd.: \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_