

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**

Course Title: Using Focus Groups for Adapting EBI's **Date:** November 19-20, 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 FIRST name)	_ _ # # (first 2 letters of your LAST name)	_ _ M M (MONTH of birth)	_ _ D D (DAY 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

<ol style="list-style-type: none"> Your profession (select only one): <input type="checkbox"/> 1-Physician <input type="checkbox"/> 2-Physician's Assistant <input type="checkbox"/> 3-Registered nurse <input type="checkbox"/> 4-LPN/LVN <input type="checkbox"/> 5-Advanced practice nurse <input type="checkbox"/> 7-Laboratorian <input type="checkbox"/> 8-Other, please specify: _____ Your primary functional role (select only one): <input type="checkbox"/> 1-Clinician <input type="checkbox"/> 2-Administrator <input type="checkbox"/> 3-Supervisor <input type="checkbox"/> 4-Program manager/coordinator <input type="checkbox"/> 5-Case manager <input type="checkbox"/> 6-Prevention case manager <input type="checkbox"/> 7-Counselor <input type="checkbox"/> 8-Researcher <input type="checkbox"/> 9-Resident/fellow <input type="checkbox"/> 10-Laboratorian <input type="checkbox"/> 11-Student <input type="checkbox"/> 12-Faculty <input type="checkbox"/> 13-Health educator <input type="checkbox"/> 14-Trainer <input type="checkbox"/> 15-Outreach <input type="checkbox"/> 16-Disease intervention/investigation <input type="checkbox"/> 17-Not employed <input type="checkbox"/> 18-Other, please specify: _____ 	Clinical/Laboratory
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<ol style="list-style-type: none"> Your profession (select only one): <input type="checkbox"/> 1-Epidemiologist <input type="checkbox"/> 2-Community health worker <input type="checkbox"/> 3-Disease intervention specialist/investigator <input type="checkbox"/> 4-Health educator <input type="checkbox"/> 5-Social worker <input type="checkbox"/> 6-Behavioral scientist <input type="checkbox"/> 7-Counselor <input type="checkbox"/> 8-Administrator <input type="checkbox"/> 9-Mental health therapist <input type="checkbox"/> 10-Other, please specify: _____ Your primary functional role (select only one): <input type="checkbox"/> 1-Administrator <input type="checkbox"/> 2-Supervisor <input type="checkbox"/> 3-Program manager/coordinator <input type="checkbox"/> 4-Case manager <input type="checkbox"/> 5-Prevention case manager <input type="checkbox"/> 6-Counselor <input type="checkbox"/> 7-Researcher/epidemiologist <input type="checkbox"/> 8-Resident/fellow <input type="checkbox"/> 9-Student <input type="checkbox"/> 10-Faculty <input type="checkbox"/> 11-Health educator <input type="checkbox"/> 12-Trainer <input type="checkbox"/> 13-Outreach <input type="checkbox"/> 14-Disease intervention/investigation <input type="checkbox"/> 15-Not employed <input type="checkbox"/> 16-Other, please specify: _____ 	Non Clinical
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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

Local Use Only:

Rec'd.: _____ A _____ B _____ C _____