

NNPTC Abbreviated Health Professional Application for Training

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Today's date	Course title				
First name	Last name	Degree			
Position	Work organization name				
Work Address	City	State	County	Zip	Country
E-mail					
Month and day of your birth (to create an anonymous unique code for your data). ____ ____ (MM) ____ ____ (DD)					

1. Your primary profession/ discipline *(select ONE):*

- Dentist
- Other dental professional
- Advanced practice nurse / Nurse Practitioner /Midwife
- Registered nurse
- Licensed practical nurse
- Pharmacist
- Physician
- Physician Assistant
- Clergy/Faith-Based Professional
- Dietitian/Nutritionist
- Health Educator
- Mental health/behavioral health professional
- Social worker
- Substance abuse professional
- Public health worker
- Other *(please specify)* _____

2. Your primary functional role *(select ONE):*

- Administrator (director, coordinator, manager, supervisor)
- Agency Board member
- Clinician / Nurse / Care provider
- Case manager
- Client/patient counselor
- Client/patient educator
- Clinical/medical assistant
- Disease intervention specialist / Partner services provider
- Intern /resident /fellow
- Mental/behavioral health therapist
- Outreach staff
- Peer support provider
- Researcher / evaluator
- Student/Graduate Student
- Teacher / faculty
- Trainer / TA Provider
- Other *(please specify)* _____

3. Your principal employment setting *(select ONE):*

- Academic Health Center /School-based health center
- College/University
- Community-based service organization (CBO)
- Community health center (e.g. Federally Qualified Health Center)
- Other non-profit health center
- Community/retail pharmacy
- Correctional facility
- HMO/managed care organization
- Hospital/Hospital-affiliated clinic
- Military Health System/ Veterans Health Admin facility
- Private practice (Solo/group)
- Rural health center
- State/local health department
- Tribal/Indian Health Service facility
- Non-Health Setting
- Other *(please specify)* _____

4. Primary programmatic focus of your work *(select up to TWO):*

- HIV/AIDS
- STD
- TB
- Hepatitis
- Reproductive health / family planning
- Recovery support / trauma / domestic violence
- Labor and delivery
- Adolescent and/or pediatric health
- Emergency medicine / urgent care
- Primary care (e.g. general / family medicine)
- Mental / behavioral health
- Oral health
- Other infectious diseases
- Other *(please specify)* _____

6. Are you of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

7. What is your gender?

- Female
- Male
- Transgender (female to male)
- Transgender (male to female)

8. Do you provide direct services to patients / clients who are ...

(select ALL that apply):

- ages 15-19 No Yes Not now, but expect to in the future
- ages 20-24 No Yes Not now, but expect to in the future
- pregnant women No Yes Not now, but expect to in the future
- men who have sex with men No Yes Not now, but expect to in the future

9. Please estimate the **NUMBER** of clients / patients to whom you provide STD screening, diagnosis, or treatment in an average **MONTH**.

- None/mo. 1-9/mo. 10-19/mo. 20-49/mo. 50+/mo.

10. Do you use the CDC STD Treatment Guidelines to guide the care of your patients / clients?

- No, I am not aware of the Guidelines
- I am aware of the Guidelines but do not use them
- I use the Guidelines occasionally
- I use the Guidelines consistently
- I use another source to guide my STD care (*please specify*) _____

11. Are you aware of the STD Tx Guide mobile app that can be used to access the CDC STD Treatment Guidelines?

- No, I am not aware of the app
- I am aware of the app but I do not use it
- I use the app
- I use a different app for STD clinical information

Thank You!