

Application for Training California STD/HIV Prevention Training Center



Please print clearly or your information may be incorrectly recorded

Course Title

Course Date (1st day of course)

First Name

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MI

--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Degree

--	--	--	--	--

Title/Position

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Organization

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address 1

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip Code

--	--	--	--	--	--

Country

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Birth Month/Day (mm/dd)

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License Number(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Day & Evening Phone Numbers

Fax Number

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E-mail

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1. **Your gender (select one):** Female¹ Male² Transgender³ Refused
2. **Your ethnicity (select one):** Hispanic or Latino¹ Not Hispanic or Latino² Refused
3. **Your racial background (select one or more):**

<input type="checkbox"/> American Indian or Alaska Native ¹	<input type="checkbox"/> White ⁴
<input type="checkbox"/> Asian ²	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander ⁵
<input type="checkbox"/> Black or African American ³	<input type="checkbox"/> Refused

4. Your occupation classification (select one):

- Medical/laboratory..... Answer questions 5-9
- Non-medical..... Answer questions 10-13

Medical/Laboratory Professions

5. Your profession (select one):

- Advanced practice nurse¹
- Registered nurse²
- LPN/LVN³
- Physician⁴
- Physician Assistant⁵
- Laboratorian⁶
- Other⁷: _____

6. Your primary functional role (select one):

- Clinician¹
- Administrator²
- Supervisor³
- Program manager/coordinator⁴
- Case manager⁵
- Prevention case manager⁶
- Counselor⁷
- Researcher⁸
- Resident/fellow⁹
- Laboratorian¹⁰
- Student¹¹
- Faculty¹²
- Health educator¹³
- Trainer¹⁴
- Outreach¹⁵
- Disease intervention/investigation¹⁶
- Not employed¹⁷
- Other¹⁸: _____

7. Location of your principal employment setting: State or territory _____ Zip Code _____

8. Year of professional graduation: _____

9. Please check here if you are an Indian Health Service, Tribal or Urban Health Care provider.

Non-Medical Professions

10. Your profession (select one):

- Epidemiologist¹
- Community health worker²
- Disease intervention specialist³
- Health educator⁴
- Social worker⁵
- Behavioral scientist⁶
- Counselor⁷
- Administrator⁸
- Mental health therapist⁹
- Other¹⁰: _____

11. Your primary functional role (select one):

- Administrator¹
- Supervisor²
- Program manager/coordinator³
- Case manager⁴
- Prevention case manager⁵
- Counselor⁶
- Researcher/epidemiologist⁷
- Resident/fellow⁸
- Student⁹
- Faculty¹⁰
- Health educator¹¹
- Trainer¹²
- Outreach¹³
- Disease intervention/investigation¹⁴
- Not employed¹⁵
- Other¹⁶: _____

12. Location of your principal employment setting: State or territory _____ Zip Code _____

13. Year of professional graduation: _____

14. Your principal employment setting (select one):

- | | |
|--|--|
| <input type="checkbox"/> State/local health department ¹ | <input type="checkbox"/> Tribal/Indian Health Service ⁸ |
| <input type="checkbox"/> Solo/group private medical practice ² | <input type="checkbox"/> School/university (academic department) ⁹ |
| <input type="checkbox"/> HMO/managed care organization ³ | <input type="checkbox"/> School/university (student health clinic) ¹⁰ |
| <input type="checkbox"/> Hospital or hospital-affiliated clinic ⁴ | <input type="checkbox"/> Capacity-Building Assistance (CBA) provider ¹¹ |
| <input type="checkbox"/> Community/non-profit health center/clinic ⁵ | <input type="checkbox"/> Military ¹² |
| <input type="checkbox"/> Community-based service organization (CBO) ⁶ | <input type="checkbox"/> Not employed ¹³ |
| <input type="checkbox"/> Correctional facility ⁷ | <input type="checkbox"/> Other ¹⁴ : _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> STD ¹ | <input type="checkbox"/> Substance use/addiction ⁷ |
| <input type="checkbox"/> HIV/AIDS ² | <input type="checkbox"/> Emergency medicine ⁸ |
| <input type="checkbox"/> Women's reproductive health ³ | <input type="checkbox"/> Corrections ⁹ |
| <input type="checkbox"/> General medicine or Family practice ⁴ | <input type="checkbox"/> Infectious Disease ¹⁰ |
| <input type="checkbox"/> Adolescent / student health | <input type="checkbox"/> Internal Medicine ¹¹ |
| <input type="checkbox"/> Mental health ⁶ | <input type="checkbox"/> Other ¹² : _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> No target group/general ¹ | <input type="checkbox"/> Asians ¹⁰ |
| <input type="checkbox"/> Adolescents ² | <input type="checkbox"/> Native Hawaiian/other Pacific Islanders ¹¹ |
| <input type="checkbox"/> Gay/Lesbian/Bisexual/MSM ³ | <input type="checkbox"/> American Indian/Alaska Native ¹² |
| <input type="checkbox"/> Transgender ⁴ | <input type="checkbox"/> Hispanic/Latinos ¹³ |
| <input type="checkbox"/> Homeless ⁵ | <input type="checkbox"/> Recent immigrants/refugees ¹⁴ |
| <input type="checkbox"/> Incarcerated individuals/parolees ⁶ | <input type="checkbox"/> Substance users/IDU ¹⁵ |
| <input type="checkbox"/> Pregnant women ⁷ | <input type="checkbox"/> Substance users/non-IDU ¹⁶ |
| <input type="checkbox"/> Sex workers ⁸ | <input type="checkbox"/> HIV+ individuals ¹⁷ |
| <input type="checkbox"/> African Americans ⁹ | <input type="checkbox"/> Other special population ¹⁸ : _____ |

17. How did you hear about this course (select one primary source)?

- | | |
|--|---|
| <input type="checkbox"/> Flyer/brochure ¹ | <input type="checkbox"/> Conference exhibit ⁶ |
| <input type="checkbox"/> Word of mouth/colleague ² | <input type="checkbox"/> Previous PTC course ⁷ |
| <input type="checkbox"/> E-mail ³ | <input type="checkbox"/> Program requirement ⁸ |
| <input type="checkbox"/> Notice in newsletter/journal ⁴ | <input type="checkbox"/> Other ⁹ : _____ |
| <input type="checkbox"/> Website/internet ⁵ | |

18. Do you consent to being contacted for*:

- A. Updates? Yes¹ No²
- B. Evaluation purposes? Yes¹ No²

* Frequency of correspondence from the CA PTC averages
1-3 times a year