

**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:** Healthy Relationships-TOF    **Course Date** June 9-12, 2009 **Course Location** Columbia, SC

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

<p><b>5. Your profession (select only one):</b>  <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: _____</p> <p><b>6. Your primary functional role (select only one):</b>  <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: _____</p>	Clinical/Laboratory
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<p><b>7. Your profession (select only one):</b>  <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: _____</p> <p><b>8. Your primary functional role (select only one):</b>  <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: _____</p>	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

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Local Use Only:

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