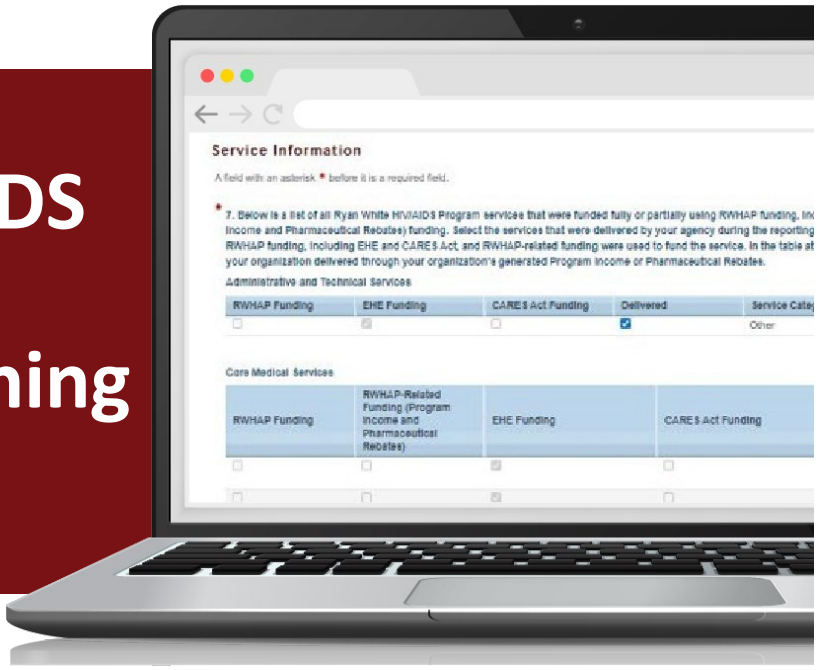
Ryan White HIV/AIDS Program AIDS Education and Training Center Program



2026 Data Collection Codebook

AETC Data: July 1, 2025 to June 30, 2026

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program's performance and identify gaps in RWHAP-related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program's accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0108 and it is valid until 07/31/2028. This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

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RWHAP DATA SUPPORT

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Summary of Forms

Form Name	Previous HRSA HAB Form	Description/Purpose
Individual Participant Record Form **(IND-PAR)**	Revised PIF	Participant-level data completed at least once every reporting period for participants actively engaging in AETC activities. This form includes demographic data and estimates of client descriptions from participants who provide direct services to clients.
Training Activity Record **(TAR)**	Revised ER	Activity level data completed at the end of each activity that takes place during the reporting period. This form includes activity topics, funding sources, and modalities.
Practice Transformation, Site Characteristics/Outcomes **(PT-SC)**	New	This form collects site characteristic information for only Practice Transformation (PT) sites. PT site characteristics differ from Interprofessional Education (IPE) sites and need to have different questions/a different form.
Interprofessional Education Health Profession Program Characteristics/Outcomes Form **(IPE-HC)**	New	This form collects site characteristic information for only Interprofessional Education (IPE) sites. IPE site characteristics and outcomes differ from Practice Transformation (PT) sites and need to have different questions/a different form.
Participant Post-Activity Survey **(PPA)** - Immediate	New	This form collects information from the participants who engage in activities and their subsequent satisfaction/and increased knowledge due to participation in activity.
Interprofessional Education, Long-Term **(IPE-Long Term)**	New	Created to collect long-term (one-year post-participation) information from students who engaged in an IPE program.
Participant List **(PL)**	Revised PL	Compiles participant identifiers, the activity attended, IPE student indicators.

Regional Database

This chapter provides information on variable names, coding conventions, and standards for creating data files for each form. Effective as of FY2026, each RWHAP AIDS Education and Training Center (AETC) will submit seven data files each year —Individual Participant Record Form (IND-PAR), Training Activity Record (TAR), Practice Transformation-Site Characteristics/Outcomes Form (PT-SC), Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC), Participant Post Activity Survey (PPA), Interprofessional Education– One-Year Post-Participation Survey (IPE-Long Term), and Participant List (PL). The PT-SC file is only submitted by Practice Transformation (PT) sites. The IPE-HC file is only submitted by Interprofessional Education (IPE) sites. The IPE-Long Term file is only submitted by IPE sites.

Data Collection Conventions

AETC Numbers

A correct RWHAP AETC number must be included for every record. These RWHAP AETC numbers are assigned by HRSA HAB as listed below:

- 08 = New England AETC
- 12 = Pacific AETC
- 72 = Northeast Caribbean AETC
- 73 = MidAtlantic AETC
- 74 = Southeast AETC
- 75 = Midwest AETC
- 76 = South Central AETC
- 77 = Mountain West AETC

Local Partner Site (LPS) Numbers

Local partners are assigned an LPS number by HRSA HAB. These are listed below. If a new local partner is identified after the publication of this manual, the regional AETC must contact its HRSA HAB project officer to obtain a number for that entity.

Number	Regional AETC	Name of Partner	Location
137	New England AETC	The Miriam Hospital of Rhode Island	Providence, RI
138	New England AETC	Yale University School of Medicine	New Haven, CT
140	New England AETC	Mary Hitchcock Memorial Hospital	Lebanon, NH
141	New England AETC	University of Vermont Medical Center	Burlington, VT
146	New England AETC	Multicultural AIDS Coalition, Inc.	Jamaica Plain, MA
148	New England AETC	Fenway Community Health Center	Boston, MA

Number	Regional AETC	Name of Partner	Location
150	New England AETC	Family Health Center of Worcester	Worcester, MA
198	New England AETC	Maine Medical Center	Portland, ME
200	New England AETC	University of Massachusetts	Shrewsbury, MA
212	New England AETC	Greater Lawrence Family Health Center	Lawrence, MA
164	Pacific AETC	PAETC Regional Office	San Francisco, CA
165	Pacific AETC	Arizona AETC – University of Arizona	Tucson, AZ
166	Pacific AETC	Hawai'i and US-Affiliated Pacific Islands – University of Hawai'i	Honolulu, HI
167	Pacific AETC	Nevada AETC – University of Nevada	Reno, NV
168	Pacific AETC	Bay Area, North and Central Coast - UCSF	San Francisco, CA
169	Pacific AETC	Central Valley and Northern Interior – UC Davis	Sacramento, CA
170	Pacific AETC	San Diego and Imperial – UC San Diego	San Diego, CA
171	Pacific AETC	Orange County and Inland Empire – UC Irvine	Orange, CA
172	Pacific AETC	Los Angeles Area – UCLA	Los Angeles, CA
152	Northeast/Caribbean AETC	VI Partners for Healthy Communities	St Croix, VI
153	Northeast/Caribbean AETC	Albany Medical College	Albany, NY
155	Northeast/Caribbean AETC	Weill Medical College of Cornell University	New York, NY
156	Northeast/Caribbean AETC	Jefferson Health	Sewell, NJ
158	Northeast/Caribbean AETC	NYSDOH-AIDS Institute	Menands, NY
159	Northeast/Caribbean AETC	The Research Foundation of SUNY Stony Brook	Stonybrook, NY
160	Northeast/Caribbean AETC	SUNY Downstate Medical Center	Brooklyn, NY
161	Northeast/Caribbean AETC	FXB Center at Rutgers University	Newark, NJ
162	Northeast/Caribbean AETC	University of Puerto Rico	San Juan, PR
163	Northeast/Caribbean AETC	Columbia University Behavioral Health Training Center	New York, NY
188	Northeast/Caribbean AETC	Northeast/Caribbean AETC	New York, NY
101	MidAtlantic AETC	University of Pittsburgh	Pittsburgh, PA
102	MidAtlantic AETC	Howard University	Washington, DC
103	MidAtlantic AETC	Christiana Care	Wilmington, DE
104	MidAtlantic AETC	University of Maryland	Baltimore, MD
105	MidAtlantic AETC	Johns Hopkins University	Baltimore, MD
106	MidAtlantic AETC	Inova Health System	Fairfax, VA
107	MidAtlantic AETC	Health Federation of Philadelphia	Philadelphia, PA
108	MidAtlantic AETC	Virginia Commonwealth University	Richmond, VA
109	MidAtlantic AETC	West Virginia University	Morgantown, WV
177	Southeast AETC	AETC Southeast – Vanderbilt University Medical Center	Nashville, TN
178	Southeast AETC	Southeast AETC Tennessee – Vanderbilt University Medical Center	Nashville, TN
180	Southeast AETC	Southeast AETC Alabama – University of Alabama	Birmingham, AL
181	Southeast AETC	AETC Florida North – University of Florida	Gainesville, FL

Number	Regional AETC	Name of Partner	Location
182	Southeast AETC	Florida South – University of Miami	Miami, FL
183	Southeast AETC	Georgia – Morehouse School of Medicine	Atlanta, GA
184	Southeast AETC	Kentucky – University of Kentucky	Lexington, KY
185	Southeast AETC	Mississippi – University of Mississippi Medical Center	Jackson, MS
186	Southeast AETC	North Carolina – University of North Carolina	Chapel Hill, NC
187	Southeast AETC	South Carolina – University of South Carolina	Columbia, SC
214	Southeast AETC	Positive Health Oral Consulting	Ft Lauderdale, FL
205	Southeast AETC	Duke University	Durham, NC
110	Midwest AETC	University of Illinois at Chicago	Chicago, IL
111	Midwest AETC	Eskenazi Health	Indianapolis, IN
114	Midwest AETC	Wayne State University School of Medicine	Detroit, MI
115	Midwest AETC	University of Wisconsin-Madison	Madison, WI
116	Midwest AETC	Regional Headquarters	Chicago, IL
117	Midwest AETC	The University of Kansas	Wichita, KS
119	Midwest AETC	University of Cincinnati College of Medicine	Cincinnati, OH
215	Midwest AETC	Public Health Institute of Metropolitan Chicago	Chicago, IL
203	Midwest AETC	University of Minnesota	Minneapolis, MN
204	Midwest AETC	KC Care Health Center	Kansas City, MO
174	South Central AETC	Louisiana State University Health Sciences Center	New Orleans, LA
175	South Central AETC	University of New Mexico Health Sciences Center (site at Central Office)	Albuquerque, NM
176	South Central AETC	University of Oklahoma Health Sciences Center	Oklahoma City, OK
190	South Central AETC	University of Texas Medical Branch at Galveston	Galveston, TX
192	South Central AETC	Valley AIDS Council	Harlingen, TX
194	South Central AETC	ARcare	Searcy, AR
206	South Central AETC	Baylor College of Medicine	Huston, TX
209	South Central AETC	University of Texas Health San Antonio	San Antonio, TX
211	South Central AETC	University of North Texas Health Sciences Center	Fort Worth, TX
121	Mountain West AETC	Alaska Native Tribal Health Consortium	Anchorage, AK
122	Mountain West AETC	University of Colorado, College of Medicine	Denver, CO
123	Mountain West AETC	University of Colorado, College of Nursing	Denver, CO
124	Mountain West AETC	Community HealthCare Association of the Dakotas	Sioux Falls, SD
125	Mountain West AETC	Idaho State University	Boise, ID
126	Mountain West AETC	Riverstone Health	Billings, MT
210	Mountain West AETC	Oregon Primary Care Association	Portland, OR
128	Mountain West AETC	University of Utah, Division of Infectious Diseases	Salt Lake City, UT
129	Mountain West AETC	Casper-Natrona County Health Dept.	Casper, WY
130	Mountain West AETC	African Americans Reach and Teach Health Ministry	Seattle, WA
131	Mountain West AETC	Multnomah County Health Dept.	Portland, OR
134	Mountain West AETC	University of Washington	Seattle, WA

Coding Conventions and Data Submission

This chapter provides information on variable names, coding conventions, and standards for creating data sets for each form. Each RWHAP AETC will submit up to six CSV data files each year, one for each of the following: IND-PAR, TAR, PT-SC, IPE-HC, PPA, IPE-Long Term, and PL.

General Instructions

Participants should be instructed to read the directions carefully and complete each item on the form that applies to their role.

Missing Values

Unless otherwise noted in the codebook, a system missing "." should be assigned for all numeric variables when an item is left blank. For all string variables, a blank or null character string will indicate missing values (unless otherwise noted in the codebook). Other user-defined missing values (e.g., 9 or 99) will be regarded as out-of-range values for the purposes of quality assurance.

Data File Names

Data from each form type should be submitted as a separate data file using the naming convention **aaaxxyy** where:

- ***aaaaa, aaaa*** or ***aaa*** is the form name (INDPAR, TAR, IPEHC, IPELT, PPA, PTSC).
- ***xx*** is the assigned RWHAP AETC number (see Page 2).
- ***yy*** indicates the last two digits of the fiscal year. The fiscal year begins July 1 and ends June 30.

For example, a data submission from the Pacific AETC would be: INDPAR1226, TAR1226, PTSC1226, IPIEHC1226, PPA1226, IPELT1226, and PL1226.

Codebook

The following section presents the coding conventions and variable names that should be used in creating the data file submissions.

Individual Participant Record Form (IND-PAR)

Codebook: Individual Participant Record Form (26 Variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Participant unique ID	INDPAR_ID	character	140	Enter a participant ID (i.e., participant's email address)
2	CMS Certification Number (CCN)	INDPAR2	numeric	6	Six-digit number between 000000-999999
3	National Provider Identifier (NPI)	INDPAR3	numeric	10	Ten-digit number between 0000000000-9999999999
4	Date IND-PAR was complete/today's date	INDPARDATE	date	8	MM/DD/YYYY
5	Interested in future training opportunities	INDPAR5	numeric	1	0 – Not at this time 1 – Yes

No.	Field Description	Field Name	Type	Length	Coding
6	*Primary profession/discipline/training*				
	Select one profession/discipline/training	INDPAR6	numeric	2	1 – Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives) 2 – Administrative professional (e.g., front desk staff, grant writer, non-clinical management etc.), (specify: _____) 3 – Case manager 4 – Clergy or faith-based professional 5 – Community health worker (includes peer educator or navigator) 6 – Dentist 7 – Dietitian or nutritionist 8 – Nurse professional (non-prescriber) 9 – Pharmacist 10 – Physician (specialty: _____) 11 – Physician assistant/associate 12 – Psychologist 13 – Social worker 14 – Substance use disorder professional 15 – Other allied health professional (e.g., medical assistant, physical therapist, etc.), (specify: _____) 16 – Other clinical professional (e.g., podiatrist, chiropractor, etc.), (specify: _____) 17 – Other dental professional 18 – Other public health professional, (specify: _____) 19 – Other, (specify: _____) 20 – Not currently working
	Specify for INDPAR6 option 2, “Administrative Professional”	INDPAR6_Specify_AdminPro	character	140	
	Specify for INDPAR6 option 10, “Physician specialty”	INDPAR6_Specify_Physician	character	140	
	Specify for INDPAR6 option 15, “Other allied health professional”	INDPAR6_Specify_OtherAllied	character	140	
	Specify for INDPAR6 option 16, “Other clinical professional”	INDPAR6_Specify_OtherClinical	character	140	

No.	Field Description	Field Name	Type	Length	Coding
	Specify for INDPAR6 option 18, "Other public health professional"	INDPAR6_Specify_OtherPH	character	140	
	Specify INDPAR6 option 19, "Other"	INDPAR6_Specify_Other	Character	140	
7	*Primary functional role*				
	Select your primary functional role	INDPAR7	numeric	2	1 – Administrator/practice administrator/organizational leadership (e.g., chief executive officer, nurse administrator, etc.) 2 – Agency board member 3 – Care provider/clinician – cannot/does not prescribe HIV treatment 4 – Care provider/clinician – can/does prescribe HIV treatment 5 – City, local, or state government employee 6 – Client educator 7 – Clinical/medical assistant 8 – Counselor (mental health) 9 – Federal government employee 10 – Fellow 11 – Health care organization non-clinical staff (e.g., front desk, etc.) 12 – HIV tester or counselor (HIV testing) 13 – Intern/resident 14 – Mental health professional 15 – Patient navigator 16 – Researcher/evaluator 17 – Student/graduate student 18 – Teacher/faculty 19 – Other, (specify: _____) 20 – Not currently working
	Specify for INDPAR7 option 19, "Other"	INDPAR7_Specify	character	140	
8	*HRSA-funded scholarship or loan repayment*		numeric	1	0 – No 1 – Yes
	National Health Service Corp scholarship	INDPAR8_01			
	National Health Service Corps loan repayment	INDPAR8_02			
	Nurse Corps scholarship	INDPAR8_03			

No.	Field Description	Field Name	Type	Length	Coding
	Nurse Corps loan repayment	INDPAR8_04			
	I have not received any of the above scholarships or loan repayment programs	INDPAR8_05			
9	Ethnicity	INDPAR9	numeric	1	0 – No 1 – Yes 2 – Choose not to disclose
10	*Racial background*		numeric	1	0 – No 1 – Yes
	American Indian/Alaska Native	INDPAR10_01			
	Asian	INDPAR10_02			
	Black or African American	INDPAR10_03			
	Native Hawaiian or Pacific Islander	INDPAR10_04			
	White	INDPAR10_05			
	Choose not to disclose	INDPAR10_06			
	Other, (specify: _____)	INDPAR10_07			
	Specify for INDPAR10 option 7, “Other”	INDPAR10_Specify	character	140	
11	Sex	INDPAR11	numeric	1	1 – Male 2 – Female 9 – Unknown

No.	Field Description	Field Name	Type	Length	Coding
12	Primary employment setting	INDPAR12	numeric	2	1 – Academic medical/ health center 2 – Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.) 3 – Dental health facility 4 – Emergency department 5 – Health Center (Federally Qualified Health Center or FQHC) 6 – Non-FQHC (e.g., HRSA Health Center Program Look-Alike or LAL) 7 – Health maintenance organization (HMO)/managed care organization 8 – HIV or infectious diseases clinic 9 – Hospital 10 – Indian health services/tribal clinic 11 – Long-term care facility 12 – Maternal/child health clinic 13 – Mental health clinic 14 – Military or veterans' health facility 15 – Other community-based organization 16 – Other federal health facility 17 – Pharmacy 18 – Private practice 19 – Sexually transmitted infection (STI) clinic 20 – State or local health department 21 – Student health clinic 22 – Substance use treatment center 23 – University/Institution of higher education 24 – Other primary care setting 25 – Primary employment setting does not involve direct provision of care or services (Stop here. You are done with this form.) 26 – I am not working (Stop here. You are done with this form.)
13	*Primary work ZIP code(s)*		numeric	5	Five-digit ZIP code, 00000-99999
	Work ZIP Code #1	INDPAR13_01			
	Work ZIP Code #2	INDPAR13_02			
	Work ZIP Code #3	INDPAR13_03			
14	Ryan White HIV/AIDS Program funded	INDPAR14	numeric	1	0 – No 1 – Yes 9 – I don't know

No.	Field Description	Field Name	Type	Length	Coding
15	HIV prevention, care and/or treatment provided by primary employment setting	INDPAR15	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
16	Direct services to any patients/clients	INDPAR16	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
17	*HIV prevention services to patients/clients*		numeric	1	0 – No 1 – Yes
	HIV prevention counseling	INDPAR17_01			
	HIV testing	INDPAR17_02			
	Pre-exposure prophylaxis (PrEP)	INDPAR17_03			
	Post-exposure prophylaxis (PEP)	INDPAR17_04			
	I do not provide any of the above HIV prevention services	INDPAR17_05			
18	Estimate the percentage of overall patient/client population in the past 12 months who are from racial/ethnic minority groups[1]	INDPAR18	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75% 5 – Don't know/unsure
19	Provide services directly to patients/clients with HIV	INDPAR19	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
20	*Services provided to patients/clients with HIV*		numeric	1	0 – No 1 – Yes
	Antiretroviral therapy (ART)	INDPAR20_01			
	Clinical services other than ART (e.g., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)	INDPAR20_02			
	Non-clinical support services (e.g. transportation, legal, etc.) (If you only selected this option, skip to question 24)	INDPAR20_03			

[1] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

No.	Field Description	Field Name	Type	Length	Coding
21	Level of practice	INDPAR21	numeric	1	1 – Basic HIV care and treatment 2 – Intermediate HIV care and treatment 3 – Advanced HIV care and treatment 4 – Expert HIV care and treatment, including training others and/or clinical consultation
22	Number of years with direct services to patients/clients with HIV	INDPAR22	numeric	2	Number between 00-99 *Round up to the nearest whole year. If less than one year, write "01".*
23	Number of patients/clients with HIV provided direct services to in the past year	INDPAR23	numeric	4	Number between 0000-9999 *If you are unsure about the exact number, please round up to the nearest whole number.*
24	Estimate the percentage of patients/clients with HIV in the past 12 months who are receiving antiretroviral therapy (ART)	INDPAR24	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75% 5 – Don't know/unsure
25	Estimate the percentage of patients/clients with HIV in the past 12 months who are from racial/ethnic minority groups[2]	INDPAR25	numeric	1	0 – None 1 – 1–24% 2 – 25–49% 3 – 50–74% 4 – ≥75% 5 – Don't know/unsure
26	*In the past 12 months, indicate if approximately 50% OR GREATER of your patient/client population with HIV was in the following categories*		numeric	1	0 – No 1 – Yes
	Uses substances	INDPAR26_01			
	Has mental health disorder(s)	INDPAR26_02			
	Has hepatitis B/HBV	INDPAR26_03			
	Has hepatitis C/HCV	INDPAR26_04			

[2] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

No.	Field Description	Field Name	Type	Length	Coding
	Has sexually transmitted infection(s)	INDPAR26_05			
	None of the above	INDPAR26_06			

Training Activity Record (TAR)

Codebook: Training Activity Record (TAR) (32 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Program ID number	TAR1	numeric	8	Eight-digit number between 00000000-99999999
2	RWHAP AETC number	TAR2	numeric	2	AETC number from the list provided
3	Local partner number	TAR3	numeric	3	LPS number from the list provided
4	*Training Activity Dates:*		date	8	MM/DD/YYYY
	Start Date	TAR4_01			
	End Date	TAR4_02			
5	Multi-session activity	TAR5	numeric	1	0 – No (skip to question 8) 1 - Yes
6	Sessions occurred/will occur	TAR6	numeric	3	Three-digit number between 000-999
7	Session number	TAR7	numeric	3	Three-digit number between 000-999
8	State activity occurred	TAR8	character	2	Any two letters Example: WA
9	Activity ZIP code	TAR9	numeric	5	Five-digit ZIP code, 00000-99999
10	MAI activity[3]	TAR10	numeric	1	0 – No 1 – Yes (skip to question 14)
11	*Funding Source(s)*		numeric	1	0 – No 1 – Yes
	RWHAP AETC Base Grant Funding	TAR11_01			

[3] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

No.	Field Description	Field Name	Type	Length	Coding
	Ending the HIV Epidemic (EHE) Funding (skip to question 17)	TAR11_02			
	HRSA BPHC Primary Care HIV Prevention (PCHP) Funding (skip to question 17)	TAR11_03			
	Other funding, (specify: _____) (skip to question 17)	TAR11_04			
	Specify for TAR11_04 "Other"	TAR11_04_Specify	character	140	
12	Training activity type	TAR12	numeric	1	1 – Foundations of HIV (FH) (skip to question 17) 2 – Capability and Expertise Expansion (CEE) 3 – Practice Transformation (PT) (skip to question 15) 4 – Interprofessional Education (IPE) (skip to question 16)
13	*Training corresponded to which of the National HIV Guidelines*		numeric	1	0 – No 1 – Yes
	HIV Antiretroviral Therapy, Adult and Adolescent	TAR13_01			
	Pediatric	TAR13_02			
	Perinatal	TAR13_03			
	Opportunistic Infections	TAR13_04			
	Occupational Post-exposure Prophylaxis	TAR13_05			
	PrEP	TAR13_06			
	Other, (specify: _____)	TAR13_07			
	None of the above	TAR13_08			
	Specify for TAR13_07 "Other"	TAR13_07_Specify	character	140	

No.	Field Description	Field Name	Type	Length	Coding
14	*MAI category for this activity4*	TAR14	numeric	1	1 – Interprofessional education at Minority Serving Institutions (MSI) of higher education 2 – Practice Transformation (PT) at minority-serving health care facilities 3 – Didactic and clinical training opportunities developed specifically to encourage minority-serving providers to incorporate HIV prevention, care and treatment into their practices 4 – HIV curriculum integration of clinical and didactic training at MSIs. If a recipient selects this as one of their MAI activities, the services must not overlap the work currently being done in the regions through the National HIV Curriculum e-Learning Platform and Building the HIV Workforce and Strengthening Engagement in Communities of Color NOFOs 5 – Partner with health professional organizations focused on or consisting of underrepresented populations to incorporate topics in HIV into programs focused on training and educating minority-serving health professionals and/or students

[4] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

No.	Field Description	Field Name	Type	Length	Coding
15	Participating clinic ID number *Report up to 30 IDs*	TAR15_01 – TAR15_30	numeric	3	Three-digit number between 000-999
16	Health professional program ID Number *Report up to 5 IDs*	TAR16_01 – TAR16_05	numeric	3	Three-digit number between 000-999
17	*Topics covered*		numeric	1	0 – No 1 – Yes
	Antiretroviral Therapy (ART; including Rapid ART initiation and long acting injectables)	TAR17_01			
	ART adherence	TAR17_02			
	Engagement/re-engagement and retention in HIV care	TAR17_03			
	HIV prevention	TAR17_04			
	HIV testing and diagnosis	TAR17_05			
	Linkage/referral to HIV care	TAR17_06			
	Management of co-morbid conditions	TAR17_07			
	Other, (specify: _____)	TAR17_08			
	Specify for TAR17_08 “Other”	TAR17_08_Specify	character	140	
18	*HIV Prevention*		numeric	2	0 – No 1 - Yes
	Behavioral prevention	TAR18_01			
	HIV transmission risk assessment	TAR18_02			
	Post-exposure prophylaxis (PEP, occupational and non-occupational)	TAR18_03			
	Pre-exposure prophylaxis (PrEP)	TAR18_04			
	Prevention of perinatal transmission	TAR18_05			
	Sexual health history taking	TAR18_06			
	Treatment as prevention	TAR18_07			
	Other prevention	TAR18_08			
	Other, (specify: _____)	TAR18_09			
	Specify for TAR18_09 “Other”	TAR18_09_Specify	character	140	
19	*HIV Background and Management Topics*		numeric	1	0 – No 1 – Yes

No.	Field Description	Field Name	Type	Length	Coding
	Acute HIV	TAR19_01			
	Adult and adolescent antiretroviral treatment	TAR19_02			
	Aging and HIV	TAR19_03			
	Antiretroviral treatment adherence, including viral suppression	TAR19_04			
	Rapid ART initiation	TAR19_05			
	Long-acting ART	TAR19_06			
	Basic science	TAR19_07			
	Clinical manifestations of HIV	TAR19_08			
	HIV diagnosis (i.e., HIV testing)	TAR19_09			
	HIV epidemiology	TAR19_10			
	HIV monitoring lab tests (i.e., CD4 and viral load)	TAR19_11			
	HIV resistance testing and interpretation	TAR19_12			
	Linkage to care	TAR19_13			
	Pediatric HIV management	TAR19_14			
	Retention and/or re-engagement in care	TAR19_15			
	Other, (specify: _____)	TAR19_16			
	Specify for TAR19_16 "Other"	TAR19_16_Specify	character	140	
20	*Primary Care and Co-morbidities Topics*		numeric	1	0 – No 1 – Yes
	Age-related screening and care (e.g., cognitive acuity, bone density, etc.)	TAR20_01			
	Anal cancer screening and care (e.g., Anoscopy and high-resolution anoscopy or HRA)	TAR20_02			
	Cervical cancer screening and care, including HPV	TAR20_03			
	End-of life-care	TAR20_04			
	Health or wellness maintenance	TAR20_05			
	Hepatitis B	TAR20_06			
	Hepatitis C	TAR20_07			
	Immunization	TAR20_08			
	Malignancies	TAR20_09			

No.	Field Description	Field Name	Type	Length	Coding
	Medication-assisted therapy for substance use conditions (e.g., buprenorphine, methadone, and/or naltrexone in combination with behavioral therapies)	TAR20_10			
	Mental health disorders	TAR20_11			
	Non-infectious co-morbidities of HIV or viral hepatitis (e.g., cardiovascular, neurologic, renal disease, etc.)	TAR20_12			
	Nutrition	TAR20_13			
	Opioid use disorder	TAR20_14			
	Opportunistic infections	TAR20_15			
	Oral health	TAR20_16			
	Primary care screenings and care	TAR20_17			
	Preconception planning	TAR20_18			
	Sexually transmitted infections	TAR20_19			
	Substance use disorders, not including opioid use	TAR20_20			
	Other, (specify: _____)	TAR20_21			
	Specify for TAR20_21 "Other"	TAR20_21_Specify	character	140	
21	*Care of People with HIV*		numeric	1	0 – No 1 – Yes
	Health literacy	TAR21_01			
	Stigma	TAR21_02			
	Stress management	TAR21_03			
	Other, (specify: _____)	TAR21_04			
	Specify for TAR21_04 "Other"	TAR21_04_Specify	character	140	
22	*Health Care Organization or Systems Issues Topics*		numeric	1	0 – No 1 – Yes
	Billing for services and payment models/financial (e.g., HCPC, ICD9 codes, reimbursement)	TAR22_01			
	Care coordination	TAR22_02			
	Case management	TAR22_03			
	Community linkage	TAR22_04			

No.	Field Description	Field Name	Type	Length	Coding
	Confidentiality/HIPAA	TAR22_05			
	Funding or resource allocation (e.g., grants, contracts)	TAR22_06			
	Health care coverage	TAR22_07			
	Legal issues	TAR22_08			
	Motivational interviewing	TAR22_09			
	Organizational infrastructure	TAR22_10			
	Organizational needs assessment	TAR22_11			
	Patient-centered care	TAR22_12			
	Patient-centered medical home	TAR22_13			
	Practice transformation	TAR22_14			
	Quality improvement	TAR22_15			
	Team-based care (e.g., interprofessional training)	TAR22_16			
	Telehealth	TAR22_17			
	Use of technology for patient care (e.g., electronic health records, etc.)	TAR22_18			
	Other, (specify: _____)	TAR22_19			
	Specify for TAR22_19 "Other"	TAR22_19_Specify	character	140	
23	*People disproportionately affected by HIV*		numeric	1	0 – No 1 – Yes
	Children (ages 0 to 12)	TAR23_01			
	Adolescents (ages 13 to 17)	TAR23_02			
	Young adults (ages 18 to 24)	TAR23_03			
	Older adults (ages 50 and over)	TAR23_04			
	Women	TAR23_05			
	People experiencing homelessness or unstable housing	TAR23_06			
	People with legal system involvement	TAR23_07			
	People with a mental health disorder or condition	TAR23_08			
	People who inject drugs	TAR23_09			
	Pregnancy	TAR23_10			
	Rural communities	TAR23_11			

No.	Field Description	Field Name	Type	Length	Coding
	Veterans	TAR23_12			
	Other populations (specify: _____)	TAR23_13			
	Specify for TAR23_13 "Other"	TAR23_13_Specify	character	140	
24	Other AETC Collaborators		numeric	1	0 – No 1 – Yes
	Mid-Atlantic AETC	TAR24_01			
	Midwest AETC	TAR24_02			
	Mountain West AETC	TAR24_03			
	New England AETC	TAR24_04			
	Northeast/Caribbean AETC	TAR24_05			
	Pacific AETC	TAR24_06			
	South Central AETC	TAR24_07			
	Southeast AETC	TAR24_08			
	AETC National AETC Support Center (NASC)	TAR24_09			
	AETC National Clinician Consultation Center (NCCC)	TAR24_10			
	National HIV Curriculum (NHC) Programs including National PrEP Curriculum (NHPC)	TAR24_11			
	None/Not Applicable	TAR24_12			
25	Other federally funded training centers collaborators		numeric	1	0 – No 1 – Yes
	Addiction Technology Transfer Center (ATTC)	TAR25_01			
	Area Health Education Center (AHEC)	TAR25_02			
	Capacity Building Assistance (CBA) Provider	TAR25_03			
	The Reproductive Health National Training Center (RHNTC)	TAR25_04			
	Mental Health Technology Transfer Centers (MHTTC)	TAR25_05			
	Public Health Training Center (PHTC)	TAR25_06			
	National Network of Prevention Training Centers of CDC (NNPTC)	TAR25_07			
	Tuberculosis Centers of Excellence (TB COE) for Training, Education, and Medical Consultation	TAR25_08			
	Other, (specify: ____)	TAR25_09			
	None/Not applicable	TAR25_10			
	Specify for TAR25_09 "Other"	TAR25_09_Specify	character	140	

No.	Field Description	Field Name	Type	Length	Coding
26	*Other Collaborating Organizations*		numeric	1	0 – No 1 – Yes
	Academic institution	TAR26_01			
	AIDS services organization	TAR26_02			
	Federally qualified health center (FQHC) funded by HRSA	TAR26_03			
	Community health center	TAR26_04			
	Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.)	TAR26_05			
	Faith-based organization	TAR26_06			
	Federal partners	TAR26_07			
	Health professions school/program	TAR26_08			
	Hospital or hospital-based clinic	TAR26_09			
	Local/state health department	TAR26_10			
	Minority serving institution	TAR26_11			
	Research networks	TAR26_12			
	Ryan White HIV/AIDS Program (RWHAP)-funded organization, including subrecipients	TAR26_13			
	State Primary Care Associations	TAR26_14			
	Tribal health organization	TAR26_15			
	Other community-based organization	TAR26_16			
	Other, (specify: ____)	TAR26_17			
	None/Not applicable	TAR26_18			
	Specify for TAR26_17 “Other”	TAR26_17_Specify	character	140	
27	Primary training modality	TAR27	numeric	1	1 – Case discussion/clinical consultation 2 – Clinical training/preceptorship 3 – Communities of practice 4 – Didactic 5 – Interactive training/workshops 6 – Technical Assistance/coaching

No.	Field Description	Field Name	Type	Length	Coding
28	Additional training modality		numeric	1	0 – No 1 – Yes
	Case discussion/clinical consultation	TAR28_01			
	Clinical training/preceptorship	TAR28_02			
	Communities of practice	TAR28_03			
	Didactic	TAR28_04			
	Interactive training/workshops	TAR28_05			
	Technical assistance/coaching	TAR28_06			
	No additional modalities	TAR28_07			
29	Primary training format	TAR29	numeric	1	1 – Hybrid (skip to question 31) 2 – In-person (skip to question 31) 3 – Virtual based (live) (skip to question 31) 4 – Virtual based (on-demand) with continuing medical education credits (CME)/ continuing education credits (CE) 5 – Virtual based (on-demand) without CME/CE (e.g., Podcasts, YouTube videos, etc.)
30	Total number of downloads/streams/plays/views of the virtual-based (on-demand) training	TAR30	numeric	6	Six-digit number between 000000-999999
31	Number of hours spent on this training or technical assistance modality	TAR31	numeric	6	Number between 0000.00 and 9999.75 Note that only valid decimal values are.00,.25,.50, and.75
32	Continuing education credits	TAR32	numeric	1	0 – No 1 – Yes

Practice Transformation-Site Characteristics/Outcomes Form (PT-SC)

Codebook: Practice Transformation-Site Characteristics/Outcomes Form (PT-SC) (35 Variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Date PT-SC was completed	PTSCDATE	date	8	MM/DD/YYYY
2	Clinic ID #	PTSC2	numeric	3	3-digit number between 000-999
3	National Provider Identifier (NPI)	PTSC3	numeric	10	Ten-digit number between 0000000000-9999999999
4	Clinic state/territory	PTSC4	character	2	Any two letters Example: WA
5	Clinic ZIP code	PTSC5	numeric	5	Five-digit ZIP code, 00000-99999
6	PT clinic enrollment month and year	PTSC6	date	6	MM/YYYY
7	Current status of the PT project	PTSC7	numeric	1	1 – Development phase 2 – Foundation phase 3 – Integration phase 4 – Sustainment phase 5 – Graduated phase
8	*Type of clinic for the purposes of Practice Transformation (PT)*		numeric	1	0 – No 1 – Yes
	Health center funded through the PHS Act 330 authority	PTSC8_01			
	Indian Health Service (IHS) or tribal facility	PTSC8_02			
	Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, or D-funded health care delivery site	PTSC8_03			
9	*PT Site Selection Criteria:*		numeric	1	0 – No 1 – Yes
	Located in an Ending the HIV Epidemic in the U.S. (EHE) county or jurisdiction	PTSC9_01			

No.	Field Description	Field Name	Type	Length	Coding
	At least 25% of the patient/client population served are people from racial/ethnic minority groups[5]	PTSC9_02			
	At least 10% of the patient/client population served has a substance use disorder	PTSC9_03			
	None of the above	PTSC9_04			
10	*Which UDS performance measure did this PT site use for the previous year's data (Health centers only)*		numeric	1	0 – No 1 – Yes
	Linkage to care: Percentage of clients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the previous year and November 30 of the reporting period and who were seen for follow-up HIV treatment within 30 days of that first-ever diagnosis	PTSC10_01			
	Routine HIV screening: Percentage of clients 15 through 65 years of age who were tested for HIV (when the client was in the age range)	PTSC10_02			
	Not applicable/clinic does not fit criteria above per PT waiver	PTSC10_03			
11	*Indicate at least one of the following performance measures reported on the RWHAP Services Report (RSR) was less than the national average result (RWHAP-funded sites only)*		numeric	1	0 – No 1 – Yes
	Annual retention in care: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year	PTSC11_01			
	HIV viral load suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last viral load test during measurement year	PTSC11_02			

[5] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

No.	Field Description	Field Name	Type	Length	Coding
	Not applicable/clinic does not fit criteria above per PT waiver	PTSC11_03			
12	*Does this clinic offer the following HIV prevention, care and treatment activities and procedures?*		numeric	1	0 – No 1 – Yes
	Routine HIV testing	PTSC12_01			
	Linkage to care practices	PTSC12_02			
	Pre-exposure prophylaxis (PrEP) prescription	PTSC12_03			
	Post-exposure prophylaxis (PEP) prescription	PTSC12_04			
	Antiretroviral therapy (ART) prescription	PTSC12_05			
13-22	*Number of new protocols, processes, and/or policies…* *Please provide a whole number. If no protocols, processes, and/or policies are currently in development or implemented during this reporting period, please put a "0" (zero).*		numeric	2	2-digit number between 00-99
	…currently in development that are related to PrEP prescription	PTSC13			
	…implemented that are related to PrEP prescription	PTSC14			
	…currently in development that are related to PEP prescription	PTSC15			
	…implemented that are related to PEP prescription	PTSC16			
	…currently in development that are related to HIV testing	PTSC17			
	…implemented that are related to HIV testing	PTSC18			
	…currently in development that are related to linkage to care	PTSC19			
	…implemented that are related to linkage to care	PTSC20			
	…currently in development that are related to ART prescription	PTSC21			
	…implemented that are related to ART prescription	PTSC22			

No.	Field Description	Field Name	Type	Length	Coding
23-24	*Patients/clients served in the clinic during the reporting period…* *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*		numeric	5	5-digit number between 00000-99999
	Number of all unique patients/clients	PTSC23			
	Number of unique patients/clients with HIV	PTSC24			
25-26	*Patients/clients served who are from racial/ethnic minority groups*[6] *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*		numeric	???	5-digit number between 00000-99999
	Number of all unique patients/clients	PTSC25			
	Number of unique patients/clients with HIV	PTSC26			
27-28	*Patients/clients served with substance use disorders* *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*		numeric	???	5-digit number between 00000-99999
	Number of all unique patients/clients	PTSC27			
	Number of unique patients/clients with HIV	PTSC28			

[6] Reporting fields are required by statute in Section 2692(a)(2)(B), Section 2693(a), and Section 2693(b)(E) of the Public Health Service (PHS) Act.

No.	Field Description	Field Name	Type	Length	Coding
29	Number of unique patients/clients served who were tested for HIV *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC29	numeric	3	3-digit number between 000-999
30	Number of unique patients/clients with HIV served with a new HIV diagnosis (within the last 30 days) *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC30	numeric	3	3-digit number between 000-999
31	Number of unique patients/clients with HIV served who were linked to HIV care within 30 days of the first diagnosis of HIV *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC31	numeric	3	3-digit number between 000-999
32	Number of unique patients/clients with HIV served with a new HIV diagnosis (within the last 30 days) who were prescribed ART *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC32	numeric	3	3-digit number between 000-999

No.	Field Description	Field Name	Type	Length	Coding
33	Number of unique patients/clients with HIV served who were prescribed ART *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC33	numeric	3	3-digit number between 000-999
34	Number of unique patients/clients served who were prescribed PrEP *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC34	numeric	2	2-digit number between 00-99
35	Number of unique patients/clients served who were prescribed PEP *Please provide a whole number. If this clinic does not provide the service or the question is not applicable, please put a "." (period). If this clinic does provide the service, but no patients/clients were served, please report a "0" (zero).*	PTSC35	numeric	2	2-digit number between 00-99

Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC)

Codebook: Interprofessional Education Health Profession Program Characteristics/Outcomes Form (IPE-HC) (14 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Today's Date	IPEHCDATE	date	8	MM/DD/YYYY
2	HIV IPE Program #	IPEHC2	numeric/character	3	3-digit number between 000-999
3	Institution #	IPEHC3	numeric/character	3	3-digit number between 000-999
4	Specific Health Professional Program (HPP) #	IPEHC4	numeric/character	3	3-digit number between 000-999
5	IPE HPP state/territory	IPEHC5	character	2	Any two letters Example: WA
6	IPE HPP ZIP Code	IPEHC6	numeric	5	Five-digit ZIP code, 00000-99999
7	Minority Serving Institution (MSI)	IPEHC7	numeric	1	0 – No 1 – Yes 9 – Not sure
8	Current status of the IPE HIV program	IPEHC8	numeric	1	1 – Development phase (skip to question 10) 2 – Integration phase 3 – Sustainment phase 4 – Graduated phase
9	Month and year HIV IPE program was established	IPEHC9	date	6	MM/YYYY
10	*Indicate all Core Competencies that are incorporated*		numeric	1	0 – No 1 – Yes
	Competency 1: Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)	IPEHC10_01			

No.	Field Description	Field Name	Type	Length	Coding
	Competency 2: Use knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)	IPEHC10_02			
	Competency 3: Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)	IPEHC10_03			
	Competency 4: Apply relationship-building values and the principles of team dynamic to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)	IPEHC10_04			
11	Total number of unique students	IPEHC11	numeric	4	4-digit number between 0000-9999
12	*Number of unique students in the following disciplines/professions*		numeric	4	4-digit number between 0000-9999
	Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)	IPEHC12_01			
	Case manager	IPEHC12_02			
	Community health worker (includes peer educator or navigator)	IPEHC12_03			

No.	Field Description	Field Name	Type	Length	Coding
	Dentist	IPEHC12_04			
	Dietitian or nutritionist	IPEHC12_05			
	Nurse professional (non-prescriber)	IPEHC12_06			
	Pharmacist	IPEHC12_07			
	Physician	IPEHC12_08			
	Physician assistant/associate	IPEHC12_09			
	Psychologist	IPEHC12_10			
	Social worker	IPEHC12_11			
	Substance use disorder professional	IPEHC12_12			
	Other allied health professional (e.g., medical assistant, physical therapist, etc.)	IPEHC12_13			
	Other clinical professional (e.g., podiatrist, chiropractor, etc.)	IPEHC12_14			
	Other dental professional	IPEHC12_15			
	Other public health professional	IPEHC12_16			
	Other	IPEHC12_17			
13	Total number of unique HPP faculty engaged in curriculum development or the implementation of the HIV IPE program	IPEHC13	Numeric	3	3-digit number between 000-999
14	*Number of unique faculty in the following disciplines/professions*		numeric	3	3-digit number between 000-999
	Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives)	IPEHC14_01			
	Case manager	IPEHC14_02			
	Community health worker (includes	IPEHC14_03			

No.	Field Description	Field Name	Type	Length	Coding
	peer educator or navigator)				
	Dentist	IPEHC14_04			
	Dietitian or nutritionist	IPEHC14_05			
	Nurse professional (non-prescriber)	IPEHC14_06			
	Pharmacist	IPEHC14_07			
	Physician	IPEHC14_08			
	Physician assistant/associate	IPEHC14_09			
	Psychologist	IPEHC14_10			
	Social worker	IPEHC14_11			
	Substance use disorder professional	IPEHC14_12			
	Other allied health professional (e.g., medical assistant, physical therapist, etc.)	IPEHC14_13			
	Other clinical professional (e.g., podiatrist, chiropractor, etc.)	IPEHC14_14			
	Other dental professional	IPEHC14_15			
	Other public health professional	IPEHC14_16			
	Other	IPEHC14_17			

Participant Post Activity Survey (PPA)

Codebook: Participant Post Activity Survey (PPA) – Immediate (11 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Participant unique ID	PPA_ID	character	140	Enter a participant ID (i.e., participant's email address)
2	To what extent did this activity affect your knowledge about HIV prevention, care, and treatment	PPA2	numeric	1	1 – Not at all 2 – Slightly 3 – Moderately 4 – Substantially 5 – Extremely
3	To what extent has this activity affected your ability to apply the new knowledge or skills obtained during this activity to the provision of HIV prevention, care, and treatment	PPA3	numeric	1	1 – Not at all 2 – Slightly 3 – Moderately 4 – Substantially 5 – Extremely 6 – Not applicable
4	How satisfied or dissatisfied are you with the activity you attended	PPA4	numeric	1	1 – Very dissatisfied 2 – Dissatisfied 3 – Neutral 4 – Satisfied 5 – Very satisfied
5	In comparison to before this training, your ability to provide effective HIV prevention, care, and/or treatment has improved…	PPA5	numeric	1	1 – Not at all 2 – Slightly 3 – Moderately 4 – Substantially 5 – Extremely 6 – Not applicable
6	Are you currently involved in HIV prevention, care, or treatment or do you intend to be involved in HIV prevention, care, or treatment in your future practice or career?	PPA6	numeric	1	0 – No 1 – Yes (Stop here. You are done with this form.) 9 – Unsure
7	*What is/are the reason(s) you are not involved or do not intend to be involved in HIV care, treatment or prevention in your current practice or future career?*		numeric	1	0 – No 1 – Yes
	Lack-of-interest in HIV prevention, care, and	PPA7_01			

No.	Field Description	Field Name	Type	Length	Coding
	treatment				
	Limited support or mentorship in the HIV prevention, care, and treatment field	PPA7_02			
	Pursuing a career outside of healthcare	PPA7_03			
	Pursuing different healthcare specialization	PPA7_04			
	HIV prevention, care, and treatment services are not provided at my workplace	PPA7_05			
	Not currently working	PPA7_06			
	Enrolled in a degree program (i.e., student)	PPA7_07			
	Currently a resident or intern	PPA7_08			
	Current profession/role does not involve the direct provision of HIV care, treatment, or prevention services	PPA7_09			
	Other, (specify: _____)	PPA7_10			
	Specify for PPA7_10 "Other"	PPA7_10_Specify	character	140	
8	Program ID Number	PPA8	numeric	8	Eight-digit number between 00000000-99999999
9	AETC Number	PPA9	numeric	2	AETC number from the list provided
10	Local Partner Number	PPA10	numeric	3	LPS number from the list provided
11	*Activity Date*		date	8	MM/DD/YYYY
	Start Date	PPA11_01			
	End Date	PPA11_02			

Interprofessional Education– One-Year Post-Participation Survey (IPE-Long Term)

Codebook: Interprofessional Education– One-Year Post-Participation Survey (IPE-Long Term) *(One year post; HIV IPE students only)* (16 variables)

No.	Field Description	Field Name	Type	Length	Coding
1	Participant unique ID	IPELT_ID	character	140	Enter a participant ID (i.e., participant's email address)
2	National Provider Identifier (NPI)	IPELT2	numeric	10	Ten-digit number between 0000000000-9999999999
3	CMS Certification Number (CCN)	IPELT3	numeric	6	Six-digit number between 000000-999999
4	Graduate from your RWHAP AETC Interprofessional Education (IPE)	IPELTDATE	date	6	MM/YYYY
5	Before your involvement in a RWHAP AETC IPE program, your capability to work on an interprofessional health care team to care for people with HIV	IPELT5	numeric	1	1 – Not at all 2 – Slightly 3 – Moderately 4 – Substantially 5 – Extremely
6	Currently practicing/involved/employed in HIV prevention, care, treatment?	IPELT6	numeric	1	0 – No (skip to question 16) 1 – Yes 2 – Not applicable-not currently working (skip to question 16)
7	*Primary work ZIP code*		numeric	5	Five-digit ZIP code, 00000-99999
	Work ZIP Code #1	IPELT7_01			
	Work ZIP Code #2	IPELT7_02			
	Work ZIP Code #3	IPELT7_03			
8	*Primary profession/discipline/training program*				
	Select one profession/discipline	IPELT8	numeric	2	1 – Advanced practice registered nurse (APRN) (includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives) 2 – Administrative professional (e.g., front desk

No.	Field Description	Field Name	Type	Length	Coding
					staff, grant writer, non-clinical management, etc.), (specify: _____) 3 – Case manager 4 – Clergy or faith-based professional 5 – Community health worker (includes peer educator or navigator) 6 – Dentist 7 – Dietitian or nutritionist 8 – Nurse professional (non-prescriber) 9 – Pharmacist 10 – Physician (specialty: _____) 11 – Physician assistant/associate 12 – Psychologist 13 – Social worker 14 – Substance use disorder professional 15 – Other allied health professional (e.g., medical assistant, physical therapist, etc.), (specify: _____) 16 – Other clinical professional (e.g., podiatrist, chiropractor, etc.), (specify: _____) 17 – Other dental professional 18 – Other public health professional, (specify: _____) 19 – Other, (specify: _____) 20 – Not currently working (skip to question 16)
	Specify for IPELT8 option 2, “Administrative Professional”	IPELT8_Specify_AdminPro	character	140	
	Specify for IPELT8 option 10 “Physician specialty”	IPELT8_Specify_Physician	character	140	
	Specify for IPELT8 option 15, “Other allied health professional”	IPELT8_Specify_OtherAllied	character	140	
	Specify for IPELT8 option 16, “Other clinical professional”	IPELT8_Specify_OtherClinical	character	140	
	Specify for IPELT8 option 18, “Other public health professional”	IPELT8_Specify_OtherPubHealth	character	140	
	Specify for IPELT8 option 19, “Other”	IPELT8_Specify_Other	character	140	
9	*Primary functional role*				

No.	Field Description	Field Name	Type	Length	Coding
	Select your primary functional role	IPELT9	numeric	2	1 – Administrator/ practice administrator/organizational leadership (e.g., chief executive officer, nurse administrator, etc.) 2 – Agency board member 3 – Care provider/clinician – cannot/does not prescribe HIV treatment 4 – Care provider/clinician – can/does prescribe HIV treatment 5 – City, local, or state government employee 6 – Client educator 7 – Clinical/medical assistant 8 – Counselor (mental health) 9 – Federal government employee 10 – Fellow 11 – Health care organization non-clinical staff (e.g., front desk, etc.) 12 – HIV tester or counselor (HIV testing) 13 – Intern/resident 14 – Mental health professional 15 – Patient navigator 16 – Researcher/evaluator 17 – Student/graduate student 18 – Teacher/faculty 19 – Other, (specify: _____) 20 – Not currently working
	Specify for IPELT9 option 19 “Other”	IPELT9_Specify	character	140	
10	Direct services with patients/clients	IPELT10	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
11	*HIV prevention services to patients/clients*		numeric	1	0 – No 1 – Yes
	HIV prevention counseling	IPELT11_01			
	HIV testing	IPELT11_02			
	Pre-exposure prophylaxis (PrEP)	IPELT11_03			
	Post-exposure prophylaxis (PEP)	IPELT11_04			
	I do not provide any of the above HIV prevention services	IPELT11_05			

No.	Field Description	Field Name	Type	Length	Coding
12	Provide services directly to clients with HIV	IPELT12	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
13	*Care and treatment services provided to patients/clients with HIV*		numeric	1	0 – No 1 – Yes
	Antiretroviral therapy (ART)	IPELT13_01			
	Clinical services other than ART (e.g., counseling, cognitive behavioral therapy or CBT, nutrition, physical therapy, psychiatry, general primary care, etc.)	IPELT13_02			
	Non-clinical support services (e.g. transportation, legal, etc.)	IPELT13_03			
14	Primary employment setting	IPELT14	numeric	2	1 – Academic medical/ health center 2 – Correctional institution or other legal system program (e.g., parole, probation, halfway house, etc.) 3 – Dental health facility 4 – Emergency department 5 – Health Center (Federally Qualified Health Center or FQHC) 6 – Non-FQHC (e.g., HRSA Health Center Program Look-Alike or LAL) 7 – Health maintenance organization (HMO)/managed care organization 8 – HIV or infectious diseases clinic 9 – Hospital 10 – Indian health services/tribal clinic 11 – Long-term care facility 12 – Maternal/child health clinic 13 – Mental health clinic 14 – Military or veterans' health facility 15 – Other community-based organization 16 – Other federal health facility 17 – Pharmacy 18 – Private practice 19 – Sexually transmitted infection (STI) clinic 20 – State or local health department 21 – Student health clinic 22 – Substance use treatment center 23 – University/Institution of higher education

No.	Field Description	Field Name	Type	Length	Coding
					24 – Other primary care setting
15	Practicing in an underserved area	IPELT15	numeric	1	0 – No 1 – Yes 9 – Not sure
16	*Reason(s) you are not involved in HIV care, treatment, or prevention in your current practice or future career? (For those who answered "No" or "Not applicable-not currently working" to question 6)*		numeric	1	0 – No 1 – Yes
	Lack-of-interest in HIV prevention, care, and treatment	IPELT16_01			
	Limited support or mentorship in the HIV prevention, care, and treatment field	IPELT16_02			
	Pursuing a career outside of healthcare	IPELT16_03			
	Pursuing different healthcare specialization	IPELT16_04			
	HIV prevention, care, and treatment services are not provided at my workplace	IPELT16_05			
	Not currently working	IPELT16_06			
	Enrolled in a degree program (i.e., student)	IPELT16_07			
	Currently a resident or intern	IPELT16_08			
	Current profession/role does not involve the direct provision of HIV care, treatment, or prevention services	IPELT16_09			
	Other, (specify: _____)	IPELT16_10			
	Specify for IPELT16_10 "Other"	IPELT16_10_Specify	character	140	

List of Participant IDs (PL)

Codebook: Participant List (eight variables)

No.	Field Description	Field Name	Type	Length	Coding
1	AETC Number	PL1	numeric	2	AETC number from the list provided
2	Local Partner Number	PL2	numeric	3	LPS number from the list provided
3	*Activity Date*		date	8	MM/DD/YYYY
	Start Date	PL3_01			
	End Date	PL3_02			
4	Program ID Number	PL4	numeric	8	Eight-digit number between 00000000-99999999
5	Participant Unique ID	PL5	character	140	Enter a participant ID (i.e., participant's email address)
6	IPE Student Indicator	PL6	numeric	1	0 – No (Stop here. You are done with this form.) 1 – Yes
7	IPE Student Discipline Program	PL7	numeric	2	1 – Behavioral health 2 – Community health worker 3 – Dentistry 4 – Medicine 5 – Nurse practitioner (NP or DNP programs) 6 – Nursing (BSN or MSN programs) 7 – Pharmacy 8 – Physician assistant/associate 9 – Public health 10 – Other, (specify: _____)
	Specify for PL7 option 10 "Other"	PL7_Specify	character	140	
8	Graduate from your RWHAP AETC Interprofessional Education (IPE)	PLDATE	date	4	YYYY

Quality Assurance Procedures and Checklist

After submission, the data files will be reviewed for compliance with the instructions provided above. If any of the items below are incorrect, then the files will be returned for correction by the HRSA Electronic Handbooks. Corrections must be made and files re-uploaded. Submission cannot occur until all uploaded files are error-free.

Please ensure:

- All files are free from viruses.
- All data files are present.
- Data files are named per the conventions provided.
- All variables are named per the codebook presented above.
- All variables are present.
- All variables have values with acceptable ranges, as defined in the codebook.
- All files pass the data quality validations and are free of errors.