

Application for Training

California STD/HIV Prevention Training Center



Please print clearly or your information may be incorrectly recorded

Course Title
PARTNER COUNSELING AND REFERRAL SERVICES

Course Date (1st day of course)

First Name	MI	Last Name

Degree	Title/Position

Organization

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Address 1

City	State	Zip Code

Country	Birth Month/Day (mm/dd)	License Number(s)

Day & Evening Phone Numbers	Fax Number

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? | <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² | * Frequency of correspondence from the CA PTC averages |
| B. Evaluation purposes? | <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ² | 1-3 times a year |

Please email, fax, or mail application to:

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