

## Delta Region AETC Additional Event Record Information

Title full name: \_\_\_\_\_

**1. Select the goals, objectives and action step for this event:**

- a) The Goal/Objective/Action Step codes: \_\_\_\_\_
- b) Select the National AIDS Priority Goal that is associated with this event:
- ① Reducing new infections;
  - ② Increasing access to care and improving health outcomes for People Living with HIV; or
  - ③ Reducing HIV-related health disparities and HIV stigma.

**2. The event is with whom: (first & last only) \_\_\_\_\_ (PIF id if known) \_\_\_\_\_**

- a) Organization (use LPS naming protocol) \_\_\_\_\_
- b) Zip code where took place: \_\_\_\_\_ County/Parish: \_\_\_\_\_

**3. Specifics of the event:**

- a) If Hepatitis was discussed, specifically: ① Hepatitis B ② Hepatitis C ③ Hepatitis B & C together
- b) ① The event was funded by the CDC HIV Testing Recommendations Initiative (must have ER3\_0).
- c) ① Marketing outreach was done.

**4. Did this event have additional collaboration with:**

- a) ① No one besides the ones on the previous page in "ER6"
- b) ① Centers for Disease Control and Prevention (CDC) collaboration
- c) ① Office/Department of Public Health state or local collaboration
- d) When agencies funded by Ryan-White Program are collaborators, what parts (check all that apply):
- ① Part A
  - ② Part B (including ADAP)
  - ③ Part C (Title III)
  - ④ Part D (Title IV)
  - ⑤ Part F (Dental)

**5. The event planning was based on the following needs assessment information:**

\_\_\_\_\_

**6. If the event is a level V event (TA), describe the effort given or end result:**

\_\_\_\_\_

\_\_\_\_\_

**7. Name of faculty involved in this event:**

Faculty Name	Time	Level					
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Use second sheet for more faculty, maximum number listed = 10.