

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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