

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

## Data Collection Instruction Manual for Reporting 2023–24 Data

### HIV/AIDS Bureau

Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane, Rockville, MD 20857



**Public Burden Statement:** The purpose of this data collection system is to provide technical assistance and share expertise with health care organizations, health care providers and health care networks interested in implementing telehealth technology. The resource centers serve as focal points for advancing the effective use of telehealth technologies in their respective communities and regions. 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 0915-0361 and it is valid until 08/31/2025. Public reporting burden for this collection of information is estimated to average 0.17 hours 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

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## Manual Updates in 2024:

1. Reporting timeline updated ([Page 2](#))
2. ER25 – Screenshot of ER Form question 25 added to manual for reporting guidance clarity ([Page 24](#)).
3. Expanded definitions for Minority Serving Institutions (MSIs) ([Page 26](#)).
4. Coaching for Organizational Capacity Building/Coaching for Practice Transformation – definition updated ([Page 28](#)).
5. Technical Assistance – definition added ([Page 29](#)).

## Background

**(Last Updated: June 21, 2023)**

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) gives federal HIV programs in the Public Health Service (PHS) Act under Title XXVI the flexibility to respond effectively to the HIV epidemic. The Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV. The Health Resources and Services Administration (HRSA) works to ensure that RWHAP recipients at state and local levels can use innovative, evidence-informed approaches for community engagement, needs assessment, planning processes, policy development, service delivery, clinical quality improvement, and workforce development activities that are needed to support a robust system of HIV care, support, and treatment. The purpose of the RWHAP Part F AIDS Education and Training Center (AETC) Program is to implement multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV, bolstering the health workforce to ensure delivery of quality services and care for underserved populations. There are eight regional AETCs and two national AETC centers. This manual is to be used for the eight regional AETCs' annual reporting.

## Chapter I: Introduction

The AIDS Education and Training Center (AETC) Program is the training component of the Ryan White HIV/AIDS Program (RWHAP). The RWHAP AETC Program is a national network of leading HIV experts who provide nationally presented training as well as locally based tailored education, technical assistance, and clinical consultation to health care professionals and health care organizations to integrate high-quality, comprehensive care for people with HIV. Regional RWHAP AETCs are required to collect and submit data annually. These data provide information on the RWHAP AETCs' activities and are submitted to the HRSA HIV/AIDS Bureau (HAB). This manual provides the information needed for the RWHAP AETCs to comply with data collection requirements.

### Purpose of Data Collection

The goal of data collection efforts is to create a uniform set of data elements that will produce an accurate summary of the national scope of RWHAP AETC professional training, consultation, and events. The elements forming the national database have been selected for their relevance in documenting the RWHAP AETCs' efforts in achieving the program's stated goals in improving care for people with HIV by providing education, training, clinical consultation, and other forms of support to clinicians and other providers. HRSA HAB needs this information to respond to requests from within the Department of Health and Human Services (HHS), Congress, and others. Furthermore, the data collected are used for programmatic assessments and to determine future needs.

The national data elements are intended to be a meaningful core set of elements that individual RWHAP AETC programs can use in program and strategic planning. Each RWHAP AETC can collect additional data using other forms created for their program to address specific training activities or other data collection needs.

### Data Collection Forms

The three forms used by all the RWHAP AETCs to report activities include the following:

- *Participant Information Form (PIF)* – captures information from the individuals who attend an event — including their demographic characteristics (e.g., profession, employment setting, race, and ethnicity) and characteristics of people with HIV they serve.
- *List of Participant IDs (PL)* – compiles participant identifiers and the event attended.
- *Event Record (ER)* – gathers information on each activity including topics covered, number and identification of people trained, type of training conducted, training modes used, length of training, and collaborations with other organizations.

### Reporting Period

Reporting for the RWHAP AETC activities is conducted annually and covers the period July 1 through June 30.

## Reporting Timeline

Data Collection Period: July 1, 2023 – June 30, 2024	Deadline:
RWHAP AETC System Opens	Friday, July 12, 2024
RWHAP AETC Report Due	Sunday, September 15, 2024

## Data File Format Standards

Each RWHAP AETC will submit data once per year. Data files should be uploaded in a CSV format to HRSA's Electronic Handbooks (EHBs) system.

Data that do not conform to the standards and quality set forth in this document will be returned by the system to the RWHAP AETC for revision and resubmission.

## Before Submission

All files should be scanned for viruses and checked for any missing and invalid data prior to submission according to the quality procedures outlined in the RWHAP AETC Data Collection Codebook. Any files received with viruses or data errors will be returned.

## Where to Submit Data

Data files must be uploaded to HRSA's server via the EHBs. Please contact the designated HRSA HAB project officer for additional programmatic assistance.

## Change in Contact Information

HRSA HAB may send occasional reminders and updates regarding changes in the RWHAP AETC data collection and reporting process. Therefore, it is imperative that RWHAP AETCs inform their HRSA HAB project officer of any changes in the recipient's key contact people or contact information. Please maintain the most up-to-date contact information in the EHBs.



**If you need EHBs technical assistance, please contact HRSA's EHBs Customer Support Center at 877-464-4772.**

**If you need assistance navigating the RWHAP AETC system, please contact Data Support at 888-640-9356.**

## Chapter II: Data Submission Steps

This section details each step to access, open, complete, validate, and submit your AETC report.

### Step 1: Access the AETC Report via the EHBs

- Log in to the [HRSA HAB electronic handbooks](#) (EHBs) web system.
- The EHBs homepage will appear in the main window. Select the “Grants” tab. The “Grants” tab is in the upper left-hand corner of the page.
- The My Grant Portfolio page will open in the main window. Locate your assigned organization’s grant number on the grant portfolio page. Select the “Grant Folder” link on the right side of the page on the same row.
- The Grant Home page will open in the main window. Select the “Work on Other Submissions” link under the Submissions heading. The Submissions page will open in the main window.
- Locate the submission named “AETC Data Submission 2024” on the submissions list. Select the “Start” link on the right side of the page on the same row. **Note:** If you have already worked on your RWHAP AETC report, the link will say “Edit” instead of “Start.”
- The AETC Data Submission Search page will open in a pop-up window.

### Step 2: Create/Open the AETC Report

- Create or open your AETC report by clicking the envelope icon under the “Action” column.

### Step 3: Complete the AETC Report Data Entry Sections

#### Cover Page

- After clicking the envelope icon, you will automatically be taken to the Cover Page (Figure 1). Items 1-6 are prepopulated; however, Item 3 should be revised as necessary to reflect the staff member responsible for the RWHAP AETC submission.
- Click “Save” on the bottom of the page.

Figure 1. Cover Page

**NAVIGATION** << AETC Data Submission Your session will expire in: 29:54

U1OHA00001 : VISITOR LANG HOSPITAL

Report Id: 32796      Report Period: FY 2023 Annual      Status: Working      Due Date: 7/21/2023 6:00:00 PM (80 days left)  
 Mode: ReadWrite      Site Number: 78      UEI:      Last Modified: 4/27/2023 11:23:51 AM (by Girolamo Wytch.15423)

**\* Required**  
 Form fields 1 through 6, except field 3 are system populated and will be displayed in the printable version of the report. You must complete field 3.

1. Recipient:	VISITOR LANG HOSPITAL
2. Site Number:	78
* 3. Staff Responsible for Submission:	Girolamo Wytch
4. Date of Submission:	Not Submitted
5. Start of Data Collection Period:	7/1/2022
6. End of Data Collection Period:	6/30/2023

[Save] [Cancel]

Logged in as: Grantee, GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter  
 The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

## Manage RPS

- On the left Navigation panel, select “Manage RPS (Figure 2).”
- For each partner site, click “Add New RPS.” RPS (Regional Partner Site) name and RPS number can be found in the AETC Data Collection Codebook. If an RPS is not listed, contact your project officer to request an RPS number addition.
- Once all the RPS agencies have been added, click “Refresh” to ensure each RPS is listed.

Figure 2. Manage RPS

**NAVIGATION** << AETC Data Submission Your session will expire in: 29:51

U1OHA00001 : VISITOR LANG HOSPITAL

Report Id: 32796      Report Period: FY 2023 Annual      Status: Working      Due Date: 7/21/2023 6:00:00 PM (80 days left)  
 Mode: ReadWrite      Site Number: 78      UEI:      Last Modified: 4/27/2023 11:23:51 AM (by Girolamo Wytch.15423)

**Manage RPS:**

+ Add New RPS Refresh

RPS Name	RPS Code	
test	111	Delete Edit
+ Add New RPS		Refresh

Logged in as: Grantee, GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter  
 The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click



## Upload Files

- On the left Navigation panel, select “Upload Files.” (Figure 3)
- Follow the on-screen prompts to upload a separate CSV file for your Event Record data, AETC Participant Information Form data, and your Event Participant List data.
- Each file uploaded into the RWHAP AETC system goes through an automatic schema validation check. If the file is noncompliant, the RWHAP AETC system rejects the file, and a complete list of error messages will be displayed. Download the list as a text file and use it to fix the data in your source system.
- At the bottom of the Upload Files page, you must indicate the number of records in the ER Form, the RWHAP AETC Participant Information Form, and the Event Participant List.
- Once all the data have been added, click “Upload / Update Record Count.”  
**Note:** Your file status will advance to “Uploaded.” Once the files are successfully uploaded, the file status will say “Processed.”

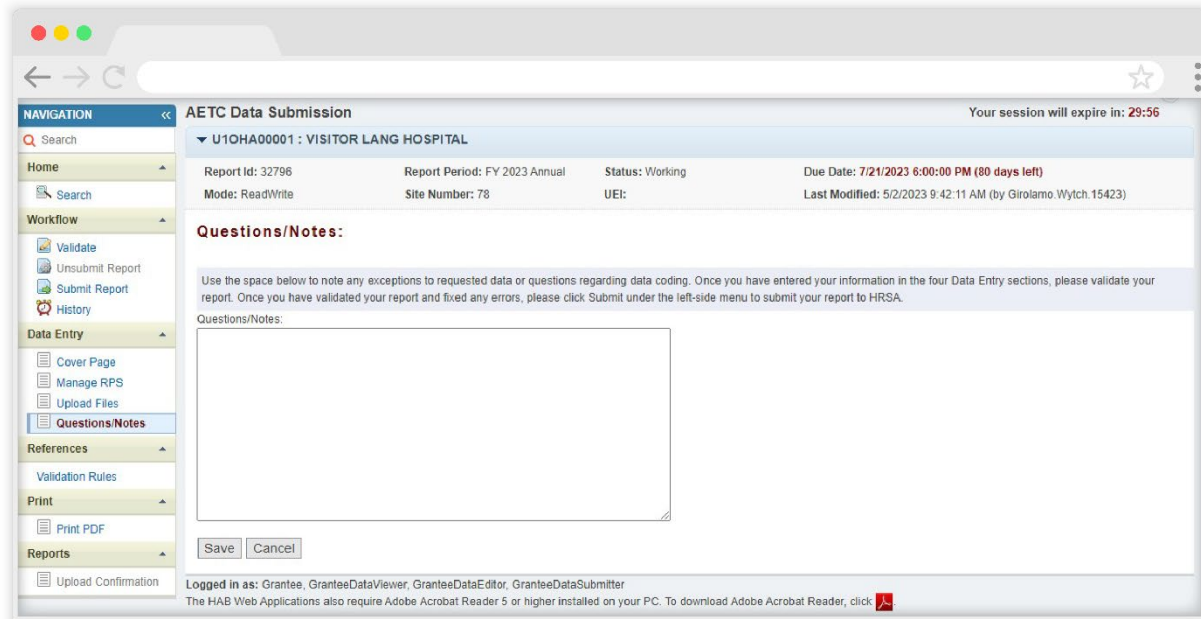
Figure 3. Upload Files

The screenshot displays the 'AETC Data Submission' web application interface. The left navigation panel is expanded to show 'Upload Files'. The main content area is titled 'U10HA00001 : VISITOR LANG HOSPITAL' and includes a session expiration timer of 29:56. Below the header, there is a table with columns for Report ID (32796), Report Period (FY 2023 Annual), Status (Working), and Due Date (7/21/2023 6:00:00 PM (80 days left)). The 'Upload Files' section contains three rows for uploading CSV files: 'Event Record Form', 'AETC Participant Information Form', and 'Event Participant List'. Each row has a 'Choose File' button and a 'Not Uploaded' status. Below the upload section, there are three input fields for indicating the number of records for 'ER Form', 'AETC Participant Information Form', and 'Event Participant List'. At the bottom, there are 'Upload' and 'Cancel' buttons. The footer indicates the user is logged in as 'Grantee, GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter' and provides a link to download Adobe Acrobat Reader.

## Questions/Notes

- On the left Navigation panel, select “Questions/Notes.” (Figure 4)
- Use the comment space to note any exceptions to requested data or questions regarding data coding.
- Once all your comments have been added, click “Save” at the bottom of the page.

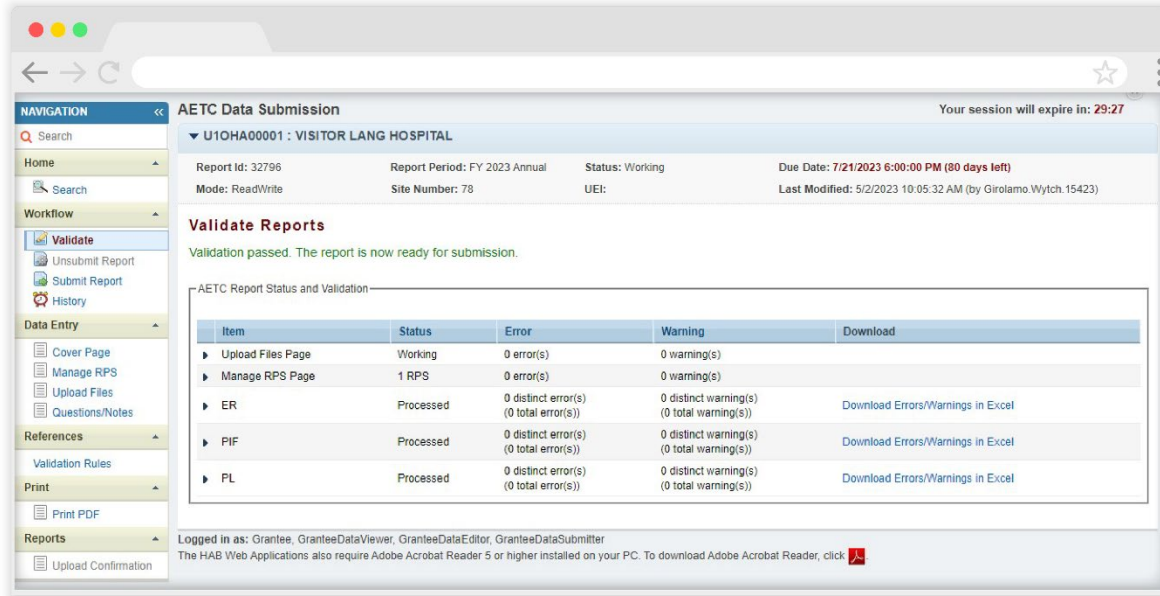
Figure 4. Questions/Notes



#### Step 4: Validate Your RWHAP AETC Report

- Once you have entered your information in the four Data Entry sections, click “Validate” (Figure 5) on the left navigation panel.
- Your validation results may return two types of report validation messages: **Errors** or **Warnings**. If your report has no validation warnings or errors, it will return the message, “Validation passed. The report is now ready for submission.”
  - **Error:** Correct all data triggering the errors before you submit your RWHAP AETC report. If the errors are triggered by the AETC report, correct the information entered. If the errors are triggered by the data files, correct the data file and re-upload it to the system. Revalidate the report after the updates are made.
  - **Warning:** Correct data triggering the warnings, if applicable, and revalidate the report. If this is not possible or the data are correct, enter a comment explaining why the data cannot or should not be corrected.
  - For a full list of RWHAP AETC report validations, click “Validation Rules” on the left navigation panel.

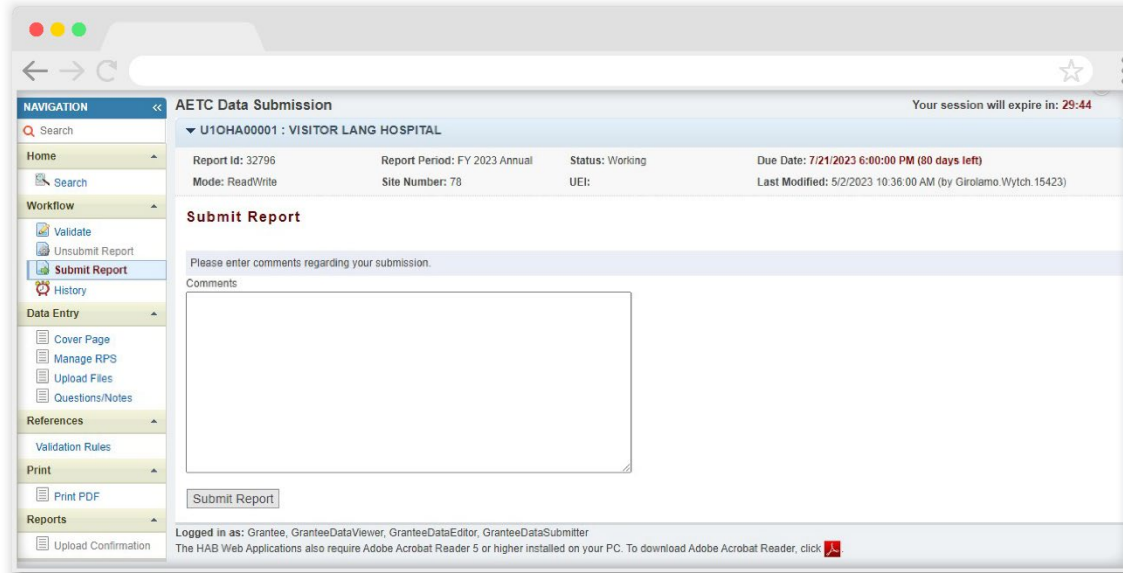
Figure 5. Validate



### Step 5: Submit Your RWHAP AETC Report

- Once your report is error free, click “Submit Report” on the left navigation panel ([Figure 6](#)).

Figure 6. Submit Report



## Chapter III: National Data Collection Forms

This section reviews each item in the forms. It also discusses issues related to coding or exceptions to “acceptable values” for each item.

### Participant Information Form (PIF)

All training participants should complete or update a Participant Information Form at least once every 12 months.

#### PIF Item 1: Participant unique ID

Participants should provide their email address as their unique ID.

Trainers should emphasize to participants that they must reuse the same unique ID number every time they attend an event sponsored by the RWHAP AETC Program, even when attending events by different regional or local partner sites, to enable tracking of training continuity. Documenting the number of individuals attending multiple events throughout the RWHAP AETC Program demonstrates to Congress that the program is successfully engaging professionals on a continuing basis and providing up-to-date information on topics pertinent to those treating people with HIV.

#### PIF Item 2: Today’s date

This item is the date that the PIF was completed by the participant. In the case that a participant attends a multi-date event, use the last date that the participant attends the training.

#### PIF Item 3: Primary profession/discipline

Participants should **select one** response to this question. If participants do not see their profession specifically listed, they should choose one of the “Other” options and write in their profession. If a person is currently not working, ask that person to choose the profession in which they last worked or in which they are now looking for a job.

- Dentist
- Other dental professional
- Nurse practitioner/nurse professional (prescriber)
- Nurse professional (non-prescriber)
- Midwife
- Pharmacist
- Physician
- Physician assistant
- Dietitian or nutritionist
- Mental/behavioral health professional
- Substance use disorder professional
- Social worker or case manager
- Community health worker (includes peer educator or navigator)
- Clergy or faith-based professional
- Practice administrator or leader (e.g., chief executive officer, nurse administrator)
- Other allied health professional (e.g., medical assistant, physical therapist, specify)
- Other public health professional
- Other non-clinical professional (e.g., front desk staff, grant writer, specify)
- Other clinical professional (e.g., podiatry, chiropractor, alternative medicine specialist, wellness specialist, specify)

### PIF Item 4: Primary functional role

Participants should **select one** response to this question. This question is asking the participants what they actually do at work. Again, participants have the option of selecting “Other (specify)” and writing in an answer.

- Administrator
- Agency board member
- Care provider/clinician – prescribes HIV treatment
- Care provider/clinician – does not prescribe HIV treatment
- Case manager
- HIV tester
- Client educator (includes navigator)
- Clinical/medical assistant
- Health care organization non-clinical staff (e.g., front desk)
- Intern/resident
- Researcher/evaluator
- Student/graduate student
- Teacher/faculty
- City, local, state government employee
- Federal government employee
- Other (specify: \_\_\_\_\_)

### PIF Item 5: Ethnic background

Participants are asked to indicate if they are of Hispanic or Latinx origin.

- Yes
- No
- Choose not to disclose

### PIF Item 6: Racial background

Participants should **select all** racial backgrounds with which they identify.

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Choose not to disclose
- Other (specify: \_\_\_\_\_)

### PIF Item 7: Gender

Participants are asked to **select one** option to indicate what best describes their gender identity.

- Man
- Woman
- Transgender man
- Transgender woman
- Other gender identity
- Choose not to disclose



**PIF Item 7 Gender response options were reordered for the 2022-23 Reporting Period.**

**PIF Item 8: Principal employment setting**

Participants should **select one** characteristic that best applies to the clinical setting in which the participant spends the majority of their working time. **If participants choose “My principal employment setting does not involve the provision of care or services to patients/clients” or “I am not working,” they should NOT complete the rest of this form.**

- Academic health center
- Correctional facility
- Emergency department
- Federally qualified health center
- Family planning clinic
- HIV or infectious diseases clinic
- HMO/managed care organization
- Hospital-based clinic
- Indian health services/tribal clinic
- Long-term nursing facility
- Maternal/child health clinic
- Mental health clinic
- STD clinic
- Substance use treatment center
- Student health clinic
- Other community-based organization
- Pharmacy
- Military or veterans health facility
- Other federal health facility
- Private practice
- State or local health department
- Dental health facility
- Other primary care setting
- Principal employment setting does not involve direct provision of care or services (**Stop here. You are done with this form.**)
- I am not working (**Stop here. You are done with this form.**)

**PIF Item 9: Employment ZIP codes**

Report the five-digit ZIP codes where the participant is employed. This will help HRSA identify participants who work in medically underserved communities. If participants work in more than three different ZIP codes, the participant should identify the three ZIP codes in which they do the most work.

**PIF Item 10: HIV prevention counseling and/or testing services**

Indicate whether the participant provides HIV prevention counseling and/or testing services directly to clients.

- Yes
- No

**PIF Item 11: HIV pre-exposure prophylaxis**

Indicate whether the participant prescribes HIV pre-exposure prophylaxis (PrEP) to clients.

- Yes
- No

**PIF Item 12: Antiretroviral therapy**

Indicate whether the participant prescribes antiretroviral therapy (ART) to clients.

- Yes
- No

**PIF Item 13: Ryan White HIV/AIDS Program funding**

Indicate if the participant's principal employer receives RWHAP funds. If they do not know whether their employer receives RWHAP funding, they should select "Not Sure."

- Yes
- No
- Not Sure

**PIF Item 14: Employment setting HIV care and treatment**

The participants are asked to indicate whether HIV care and treatment is provided at their principal employment setting.

- Yes
- No

**PIF Item 15: Direct interaction with clients**

This yes/no question asks if respondents — not the employer — provide direct services to clients. If the response is "Yes," participants should continue with Item 16. **If participants answer "No," they should not complete the remaining questions on this form.**

- Yes
- No (**Stop here. You are done with this form.**)



**Please note the definition of direct interaction with clients/patients in the glossary.**

**PIF Item 16: Services to clients with HIV**

This question asks participants to indicate whether they provide services directly to clients with HIV. If the response is "Yes," participants should continue to complete the remaining questions on this form. **If trainees do not provide direct services to people with HIV or know the status of their clients, they should choose "No." They should not complete the remaining questions.**

- Yes
- No (**Stop here. You are done with this form.**)

**PIF Item 17: Number of years providing direct services to clients**

The participants are asked to indicate the number of years they have provided HIV services to clients. Months should be rounded to the nearest whole year (e.g., four years and five months should be reported as four years). If less than one year, write "01."

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**PIF Item 18: Number of clients with HIV to whom they provided direct service**

Participants should estimate the number of people with HIV to whom they provide direct service. In the case where participants are not sure about the exact number, please round the estimate to the nearest 10.

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**PIF Item 19: Service provided to clients with HIV**

This question asks participants to choose one of the options that best describes the way they provide services to clients with HIV. Participants should **select one** option.

- Behavioral or support services, but not antiretroviral therapy (e.g., case management, counseling, cognitive behavioral therapy, transportation, legal)
- Clinical services to people with HIV, but not antiretroviral therapy (e.g., nutrition, physical therapy, psychiatry, general primary care)
- **Basic** HIV care and treatment (novice)

**"Basic" is defined as:**

- Aware of recommended first line therapies per HHS guidelines and willing to start ART for most straightforward clients
- Aware of initial laboratory work-up of a newly diagnosed client and appropriate lab monitoring
- Able to counsel clients about transmission and adherence

- **Intermediate** HIV care and treatment

**"Intermediate" is defined as:**

- Comfortable prescribing first-line regimens to most clients, including those with co-morbidities
- Able to interpret genotype results which show resistance mutations and design a secondary regimen if needed
- Aware of common drug-drug interactions affecting ART



- **Advanced** HIV care and treatment



**“Advanced” is defined as:**

- Comfortable designing initial regimens for all clients
- Able to interpret resistance assay results and determine best next options using evidence-based study results
- Knows the nuances of drug-drug interactions affecting ART
- Able to teach others about basic ART management

- **Expert** HIV care and treatment, including training others and/or clinical consultation



**“Expert” is defined as:**

- Comfortable designing ART regimens based on resistance testing results, drug-drug interactions, and client characteristics for people with HIV ranging from newly diagnosed clients to long-term survivors.
- Cognizant of most of the major research findings about ART and other aspects of care for people with HIV
- Able to read and explain results of clinical research trials
- Able to teach others about HIV care and management of all levels of experience
- Comfortable acting as an educational clinical consultant

**PIF Item 20: Clients who are racial/ethnic minorities**

This question asks participants to estimate the percentage of their clients with HIV who are racial/ethnic minorities. These estimates should be based on the past calendar year (preceding 12 months) of the participant’s services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

**PIF Item 21: Clients with hepatitis B or hepatitis C**

This question asks participants to estimate the percentage of their clients with HIV in the past year with hepatitis B or hepatitis C. These estimates should be based on the past calendar year (preceding 12 months) of the participant's services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

**PIF Item 22: Clients who are receiving antiretroviral therapy**

This question asks participants to estimate the percentage of their clients with HIV who are receiving antiretroviral therapy. These estimates should be based on the past calendar year (preceding 12 months) of the participant's services to people with HIV.

- None
- 1-24%
- 25-49%
- 50-74%
- ≥75%

## List of Participant IDs (PL)

### PL Item 1: AETC number

This item indicates the assigned unique RWHAP AETC identifier. The assigned AETC numbers are available in the AETC Data Collection Codebook. HRSA HAB uses this number to identify unique events by RWHAP AETC region.

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### PL Item 2: Regional partner number

This item indicates the number of the partner if an event was held with a Regional Partner Site. The Regional Partner Site numbers are available in the AETC Data Collection Codebook on pages 2-4. If a partner site is missing, contact your project officer.

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### PL Item 3: Event date

This item is the start and end date of the event.

#### Start date:

M	M	D	D	Y	Y	Y	Y

#### End date:

M	M	D	D	Y	Y	Y	Y

### PL Item 4: Program ID number

The Program ID is a variable created by the individual RWHAP AETC to identify the event. It should be unique within the budget year. Each RWHAP AETC may create its own method for creating the Program ID. The Program ID should be eight digits and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple events occurring on the same date.

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### PL Item 5: Participant unique ID

Fill in the unique identifier email address collected from the individual PIF forms.

## Event Record (ER)

Each trainer or RWHAP AETC completes an ER form at the end of an event.



**If a training event has multiple tracks for different cohorts of participants, complete an ER for each track.**

### ER Item 1: AETC number

This item indicates the RWHAP AETC number. The assigned AETC numbers are available in the AETC Data Collection Codebook. HRSA HAB uses this number to identify unique events by RWHAP AETC region.

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### ER Item 2: Regional partner number

This item indicates the number of the partner if an event was held with a Regional Partner Site. The Regional Partner Site numbers are available in the AETC Data Collection Codebook on pages 2-4. If a partner site is missing, contact your project officer.

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### ER Item 3: Event date

This item is the start date and end date of the event.

#### Start date:

M	M	D	D	Y	Y	Y	Y

#### End date:

M	M	D	D	Y	Y	Y	Y



**Archived webinars that were originally held as live events should be considered part of the live Event Record. However, if continuing education units were part of the live event but not the recorded event, a new Event Record should be created for the archived event. Archived webinars that were not originally held as live events should have one Event Record created. The event date should be the last date of the budget period.**

**ER Item 4: Minority AIDS Initiative funds**

This item indicates if there were any Minority AIDS Initiative (MAI) funds used to support the event.

- Yes
- No

**ER Item 5: Source of funds**

This item asks which of the following sources of funds also were used to support the event (**select all that apply**). If “Other” is selected, you must specify the source of funds used.

- None, MAI only (skip to question 9)
- AETC base grant funding
- EHE (skip to question 9)
- BPHC collaboration funding (skip to question 9)
- Other, (specify: \_\_\_\_\_)  
(skip to question 9)

**ER Item 6: AETC base grant funding used**

Indicate which sources of RWHAP AETC base grant funding were used. **Select all that apply.**

- Core Training and Technical Assistance (Skip to question 9)
- Practice Transformation
- Interprofessional Education (Skip to question 8)

**ER Item 7: Clinic ID# (for Practice Transformation Project only)**

Indicate the practice transformation project clinic ID#. **Up to 30 IDs can be reported.** IDs are generated by the recipient.

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**ER Item 8: Health professional program ID# (for Interprofessional Education Project only)**

Indicate the lead health professional program ID#. **Up to five IDs can be reported.** IDs are generated by the recipient.

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**See Chapter III: Glossary for the definition of lead health professional program.**

**ER Item 9: Multi-session event**

Indicate if the training is part of a multi-session event. **If “no,” skip to question 11.**

- Yes
- No (**Skip to question 11**)

**ER Item 10: Sessions planned**

If “yes” is selected in ER Item 9, indicate how many sessions are planned.

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**ER Item 11: Session number**

Indicate the session number of the training event. If it is a single session event, write 001.

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**ER Item 12: State**

Indicate the state where the event occurred. For online events, use the state where the event was hosted.

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**ER Item 13: ZIP code**

Indicate the ZIP code where the event occurred. For online events, use the ZIP code where the event was hosted.



**ER Item 14 is intentionally left blank. See the RWHAP AETC Codebook for guidance on file schema.**

**ER Item 15: Training content**

Indicate the topics that best describe the content covered by the training (**select all that apply**).

- HIV prevention
- HIV testing and diagnosis
- Linkage/referral to HIV care
- Engagement and retention in HIV care
- Antiretroviral treatment and adherence
- Management of co-morbid conditions
- Rapid ART
- Other, specify: \_\_\_\_\_



**ER Items 16-20: Event topics**  
**Indicate which topics were discussed for 15 minutes or longer during the event. Check all the options that apply.**

**ER Item 16: HIV prevention**

Indicate which, if any, of the HIV prevention topics were addressed during the event. Trainers may **select all that apply**.

- Behavioral prevention
- Harm reduction/safe injection
- HIV transmission risk assessment
- Postexposure prophylaxis (PEP, occupational and nonoccupational)
- Pre-exposure prophylaxis (PrEP)
- Prevention of perinatal transmission
- Treatment as prevention (e.g., U=U)
- Other biomedical prevention
- Sexual health history taking

**ER Item 17: HIV background and management**

Indicate which of the HIV background and management topics were addressed during the event. Trainers may **select all that apply**. In the case where “Other” is selected, please specify the topic discussed.

- Acute HIV
- Adult and adolescent antiretroviral treatment
- Aging and HIV
- Antiretroviral treatment adherence, including viral load suppression
- Basic science
- Clinical manifestations of HIV disease
- HIV diagnosis (i.e., HIV testing)
- HIV epidemiology
- HIV monitoring lab tests (i.e., CD4 and viral load)
- HIV resistance testing and interpretation
- Linkage to care
- Pediatric HIV management
- Retention and/or re-engagement in care
- Other (specify: \_\_\_\_\_)

**ER Item 18: Primary care and co-morbidities**

Indicate which of the primary care and co-morbidities topics were addressed during the event. Trainers may **select all that apply**. In the case where “Other” is selected, please specify the topic discussed.

- Cervical cancer screening, including HPV
- Hepatitis B
- Hepatitis C
- Immunization
- Influenza
- Malignancies
- Medication-assisted therapy for substance use disorders (i.e., buprenorphine, methadone, and/or naltrexone)
- Mental health disorders
- Non-infection co-morbidities of HIV or viral hepatitis (e.g., cardiovascular, neurologic, renal disease)
- Nutrition
- Opportunistic infections
- Oral health
- Osteoporosis
- Pain management
- Palliative care
- Primary care screenings
- Reproductive health, including preconception planning
- Sexually transmitted infections
- Substance use disorders, not including opioid use
- Opioid use disorder
- Tobacco cessation
- Tuberculosis
- Health or wellness maintenance
- Coronavirus disease 2019 (COVID-19)
- Other (specify: \_\_\_\_\_)



**ER Item 19: Issues related to care**

Indicate which of the issues related to care of people with HIV were addressed during the event. Trainers may **select all that apply**.

- Health literacy
- Low English proficiency
- Stigma or discrimination
- Stress management/resiliency
- Other (specify: \_\_\_\_\_)

**ER Item 20: Health care organization or systems issues**

Indicate which health care organization or systems issues were addressed during the event. Trainers may **select all that apply**.

- Cultural competence/cultural humility
- Case management
- Community linkage
- Confidentiality/HIPAA
- Care coordination
- Funding or resource allocation
- Health care coverage (e.g., Affordable Care Act, health insurance exchanges, managed care)
- Legal issues
- Organizational infrastructure
- Organizational needs assessment
- Patient-centered medical home
- Practice transformation
- Quality improvement
- Team-based care (e.g., interprofessional training)
- Telehealth
- Use of technology (e.g., electronic health records)
- Motivational interviewing
- Gender affirming care
- Trauma informed care
- Other (specify: \_\_\_\_\_)

### ER Item 21: Target populations

Indicate which of the target populations were addressed during the event. Trainers may **select all that apply**. In the case where a population is not indicated, fill in the “Other” bubble and write in the omitted population.

- Children (ages 0 to 12)
- Adolescents (ages 13 to 17)
- Young adults (ages 18 to 24)
- Older adults (ages 50 and over)
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- Other race/ethnicity (specify: \_\_\_\_\_)
- Women
- Gay, lesbian, bisexual
- Transgender/non-binary/other gender
- People experiencing homelessness
- People with incarceration experience
- Immigrants or refugees
- U.S.-Mexico border population
- Rural communities
- People who inject drugs (PWID)
- Veterans
- Other special population (specify: \_\_\_\_\_)

### ER Item 22: AETC collaboration

This question will determine how often an RWHAP AETC works in collaboration with another AETC to finance, plan, and execute a training event. Collaboration must include financial or RWHAP AETC personnel time contribution.

If two or more RWHAP AETCs jointly sponsor a training event, they should decide ahead of time which RWHAP AETC will collect the PIFs. That RWHAP AETC must send the PIFs to HRSA and indicate on the ER which RWHAP AETC jointly sponsored the event according to the choices provided.

The partnering RWHAP AETCs that do not collect the PIFs should not send any PIFs to HRSA for that jointly sponsored event. They should still fill out an ER and make sure that the Program ID matches the Program ID used by the RWHAP AETC that is sending the PIFs to HRSA. They should also make sure to fill out Item 22, so it reflects the collaboration with the other RWHAP AETC(s).

Indicate which other AETCs collaborated to organize the event. **Select all that apply**.

- Mid-Atlantic AETC
- Midwest AETC
- Mountain West AETC
- New England AETC
- Northeast/Caribbean AETC
- Pacific AETC
- South Central AETC
- Southeast AETC
- AETC National Coordinating Resource Center
- AETC National Clinician Consultation Center
- National HIV Curriculum (NHC) Programs
- Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC) Project



**ER 22 is asking for collaborations between different regional or national AETCs and NOT for collaborations within the same region.**

### ER Item 23: Federally funded training centers

Indicate which other federally funded training centers collaborated to organize the event. **Select all that apply.**

- Addiction Technology Transfer Center (ATTC)
- Area Health Education Center (AHEC)
- Capacity Building Assistance (CBA) Provider
- Family Planning National Training Center
- Mental Health Technology Transfer Centers (MHTTC)
- Public Health Training Center (PHTC)
- National Network of Prevention Training Centers of CDC (NNPTC)
- TB Regional Training and Medical Consultation Center
- Viral Hepatitis Education and Training Project

### ER Item 24: Other collaborations

Indicate any other organization that collaborated to organize this event. **Select all that apply.**

- AIDS services organization
- Other community-based organization
- Community health center or Federally Qualified Health Center funded by HRSA
- Correctional institution
- Faith-based organization
- Health professions school
- Historically Black college or university
- Hispanic-serving Institution
- Hospital or hospital-based clinic
- Ryan White HIV/AIDS Program-funded organization, including subrecipients
- Tribal college or university
- Tribal health organization
- Local/state health department
- Federal partners (OASH, SAMHSA, etc.)
- Research networks (CFAR, ACTG, etc.)
- Academic institution
- Other (specify: \_\_\_\_\_)

### ER Item 25: Total hours of event

The trainer has the option of assigning hours to six different training modalities for the same event. (See [Chapter IV: Glossary](#) for a further explanation of training modalities. A table of the training and TA modalities is below.) The trainer may distribute the training hours to the nearest quarter hour across all training modalities. Hours should be expressed in decimals. For example, 12 ¼ hours should be written as 12.25.

Trainers must also indicate the number of Coaching for Practice Transformation sessions provided during this period.

Training and TA Modality	In-Person	Distance-Based (Live)	Distance-Based (Archived)
Didactic Presentations			
Interactive Presentations			
Communities of Practice			Not applicable
Clinical Preceptorships			Not applicable
Clinical Consultation			Not applicable
Technical Assistance			Not applicable
Coaching for Practice Transformation			Not applicable
	Start Date: __/__/____MM/DD/YYYY	Start Date: __/__/____MM/DD/YYYY	
	End Date: __/__/____MM/DD/YYYY	End Date: __/__/____MM/DD/YYYY	
Number of Sessions During This Period:			

### Characteristics of Different Training Types

Training and TA Modality	Minimum Length	Patient Involvement	Attendance	Example
<a href="#">Didactic Presentations</a>	30 minutes	None	Any number	Plenary sessions at conferences, lectures, brown bag lunches
<a href="#">Interactive Presentations</a>	Not applicable	Minimal – Q & A	Generally fewer than 40 participants	(Selected) breakout sessions at conferences, workshops, role play
<a href="#">Communities of Practice</a>	Not applicable	None	Any number	Ongoing workgroups on specific topic areas (e.g., workforce, practice transformation)
<a href="#">Clinical Preceptorships</a>	Not applicable	Presentations possible	Generally fewer than five participants	“Mini-residency,” preceptorships
<a href="#">Clinical Consultation</a>	Not applicable	Discussion of patients, occasionally in patient’s presence	One-on-one or small group	Discussion of real (current) cases; provider-driven session

<a href="#">Technical Assistance</a>	Not applicable	None	PIFs are not required for TA events	Provision of resources and guidance to improve HIV service delivery and performance at the organizational and individual provider levels and is generally customized to the particular entity
<a href="#">Coaching for Practice Transformation</a>		None	One-on-one or small group	Individual or group consultation related to organizational issues rather than clinical concerns. Increase knowledge, improve attitudes, and build clinical skills to increase capacity across the organization. This modality should only be used to classify and record these efforts for Practice Transformation sites.

**ER Item 26: Continuing education**

Indicate whether continuing education credits were made available to event participants.

- Yes
- No

**ER Item 27: Program ID Number**

The Program ID is a variable created by the individual RWHAP AETC to identify the event. It should be unique within the budget year. Each RWHAP AETC may create its own method for creating the Program ID. The Program ID should be eight digits and must contain only the numerals 0-9. One such method used in the past has been YYMMDDNN where YY is the two-digit year, MM is the two-digit month, DD is the two-digit day, and NN is a two-digit counter starting at 01 to distinguish multiple events occurring on the same date.

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## Chapter IV: Glossary

This section provides definitions for terms used on the Event Record pertaining to collaborating organizations, federal initiatives, and training modalities. There are also definitions for terms used on the Participant Information Form pertaining to direct provision of services to clients, profession/discipline and functional role, and race/ethnicity.

### Event Record (ER)

#### Collaborating Organizations and Federally Funded Training Centers (FTTCs)

**AIDS Community-Based Organization** is an agency that provides professional and volunteer services to people with HIV.

**Addiction Technology Transfer Centers (ATTC)** are dedicated to identifying and advancing opportunities for improving substance use disorder treatment. The centers are funded by the Substance Abuse and Mental Health Services Administration to upgrade the skills of existing practitioners and other health professionals and disseminate the latest science to the substance use disorder treatment community.

**Agencies funded by the RWHAP** are organizations that receive funding as a direct recipient or as a subrecipient under RWHAP Parts A-F.

**Area Health Education Centers** are HRSA-funded programs that use university resources to provide educational services to students, faculty, and practitioners in underserved areas and, at the same time, improve the delivery of health care in the service area.

**College/University/Health Profession Schools** provide training necessary to become health care service providers (e.g., medical school, nursing school, dental school, medical technicians).

**Community Health Centers** include federally and/or state-funded community or migrant health centers that provide a range of medical and mental health services to people regardless of their ability to pay.

**Corrections** refers to federal, state, and local correctional facilities and jails.

**Faith-based Organizations** are owned and operated by a religiously affiliated entity, such as a Catholic hospital.

**Minority-Serving Institutions (MSIs)** are institutions of higher education that serve minority populations.

- **Historically Black College or University (HBCU)** is a designation of a “historically Black college or university that was established prior to 1964, whose principal mission was, and is, the education of Black Americans, and that is accredited by a nationally recognized accrediting agency or association determined by the Secretary [of Education] to be a reliable authority as to the quality of training offered or is, per such an agency or association, making reasonable progress toward accreditation.”
- **Hispanic-Serving Institutions (HSIs)** are colleges or universities that must have at least 45 percent full-time Hispanic undergraduate student enrollment and at least 50 percent of its Hispanic student population must be low income.
- **Asian American and Native American Pacific Islander-Serving Institutions (AANAPISI)** are colleges or universities with an undergraduate enrollment that is at least 10 percent Asian American and Native American Pacific Islander.

- **Tribal College or University (TCUs)** are located on federal trust territories and were created in response to the higher education needs of American Indians, and generally serve geographically isolated populations that have no other means of accessing education beyond the high school level. Tribal colleges combine personal attention with cultural relevance to encourage American Indians — especially those living on reservations — to overcome the barriers they face to higher education.

**Hospital or Hospital-based Clinic** includes ambulatory/outpatient care departments or clinics, rehabilitation facilities (physical, occupational, speech), hospice programs, substance misuse treatment programs, sexually transmitted disease (STD) clinics, HIV clinics, and inpatient case management service programs.

**Lead Health Professional Program (HPP)** is an accredited academic or training program that confers a health care degree or certificate and is the HPP conducting the training/event. This includes the HPP affiliation of the faculty providing the training.

**National Clinician Consultation Center (NCCC)** is an RWHAP AETC clinical resource for health care professionals operated by the University of California San Francisco at San Francisco General Hospital under a grant from HRSA. The center offers health care providers a national resource to obtain timely, expert, and appropriate responses to clinical questions related to treatment of persons with HIV (“WARMLINE”: 800-933-3413), health care worker exposure to HIV and other bloodborne pathogens (PEpline: 888-448-4911), treatment of HIV-infected pregnant women and their infants, hepatitis B and C virus HIV coinfections, and behavioral health management for people with HIV.

**RWHAP AETC National Evaluation Contractor** under a contract with HRSA is responsible for program evaluation activities, including assessing the effectiveness of the RWHAP AETCs’ education, training, and consultation activities.

**RWHAP AETC National Coordinating Resource Center**, managed by Rutgers, the State University of New Jersey, under a cooperative agreement with HRSA, supports the training needs of the regional RWHAP AETCs through coordination of HIV training materials, rapid dissemination of new treatment advances and changes in treatment guidelines, and critical review of available patient education materials. It is a web-based HIV training resource (<http://aidsetc.org/>).

**Prevention Training Center (PTC), the National Network of STD/HIV Prevention Training Centers**, is a CDC-funded group of regional centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health. The network provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

**Tribal Health Organizations** include health care organizations of the Sovereign Tribal Nations as well as Indian Health Services health care facilities that serve American Indians and Alaska Natives.

**Tuberculosis (TB) Training Centers** provide medical consultation within each center’s region funded by the CDC. As part of their first-year activities, the Tuberculosis (TB) Regional Training and Medical Consultation Centers conducted extensive needs assessments to determine TB education and training resources and needs in their regions.

## Federal Initiatives

**American Indian/Alaska Native Initiative** is a federal initiative that integrates substance use disorder and mental health services with HIV primary health care for American Indian and Alaska Native communities. It is designed for people with HIV or at risk for HIV infection with co-morbidities of substance misuse (including alcohol), sexually transmitted infections, and/or mental illness.

**Border Health Initiative (BHI)** supports community-based organizations and public health agencies along the California-Baja California border to respond to public health challenges and improve access to quality health services for border communities.

**Minority AIDS Initiative (MAI)** is a national HHS initiative that provides special resources to reduce the spread of HIV and improve health outcomes for people with HIV within communities of color. This initiative was enacted to address the disproportionate impact of the disease in such communities.

## Training Modality

**Clinical Consultations** are provider driven and may occur with an individual or group, both in person or at a distance using telephone, email, fax, or other remote communication technologies. Discussion of real-life cases is a key element of clinical consultation. Clinical consultations have three intended results:

- To improve clinical problem solving
- To change the behavior of the provider to make better or more appropriate clinical care decisions
- To impart the most up-to-date knowledge regarding specific HIV patient care

**Clinical Preceptorships** aim to change knowledge, attitudes, and clinical skills, and to increase the comfort and confidence of the trainee to make appropriate clinical decisions. The training takes place outside of a traditional classroom, and more likely in health care settings. It includes structured peer-to-peer interactions and spans the length of a relationship between trainee and preceptor. They involve clinical observation of patient care, interaction with patients in care settings, and mini residencies, in which trainees work alongside experienced providers and interact with patients in a clinical setting.

**Coaching for Organizational Capacity Building/Coaching for Practice Transformation** aims to increase knowledge, improve attitudes, and build clinical skills to increase capacity across the organization. This modality should only be used to classify and record these efforts for Practice Transformation sites.

**Communities of Practice** consist of a group of people who share knowledge to develop a shared practice. A community of practice may use different modalities or interventions to obtain a shared outcome.

**Didactic Presentations** have the training objective of changing knowledge, attitudes, and skills. They are a minimum of 30 minutes in length and the learner listens to a lecture-type presentation and can ask questions. Examples might include plenary sessions at conferences, lectures, and brown bag lunches.

**Distance-based (Archived)** is a training program that users can complete on their own time. These programs may include CD-ROMs/DVDs/videos, web-based materials, or print products.



**Distance-based (Live)** is an event occurring by telephone or internet with one or more people actively participating in the event.

**In Person** is a presentation to a live audience that may be part of a workshop or lecture. This can also include clinical workgroups or organizational coaching.

**Interactive Presentations** are online or in-person presentations that allow the learner to participate. They present choices or paths in response to a learner's action or request. The learner can learn different methods and outcomes using different choices.

**Technical Assistance** is the provision of resources and guidance to improve HIV service delivery and performance at the organizational and individual provider levels and is generally customized to the particular entity. Technical assistance utilizes a consultation style approach and engages the requestor in defining and resolving the issue(s) at hand. Use this modality to record event data for these types of organizational support activities for the program components (i.e., Core, MAI, EHE, IPE, PCHP) other than Practice Transformation.

## Participant Information Form (PIF)

### Direct Provision of Services to Clients includes:

- AIDS pharmaceutical assistance
- Early intervention services (EIS)
- Health insurance premium and cost sharing assistance for low-income individuals
- Home and community-based health services
- Home health care
- Hospice
- Medical case management, including treatment adherence services
- Medical nutrition therapy
- Mental health services
- Oral health care
- Outpatient ambulatory health services
- Substance abuse outpatient care
- Child care services
- Emergency financial assistance
- Food bank/home delivered meals
- Health education/risk reduction
- Housing
- Linguistic services
- Medical transportation
- Non-medical case management services
- Other professional services
- Outreach services
- Psychosocial support services
- Referral for health care and support services
- Rehabilitation services
- Respite care
- Substance abuse services (residential)

### Profession/Discipline and Functional Role

Examples are provided for selected professions and functional roles.

**Administrator:** Includes director, coordinator, manager, and supervisor

**Advanced Practice Nurse:** Nurse practitioners, certified nurse midwives, certified nurse anesthetists, and clinical nurse specialists

**Health Educator:** Formal training as a health educator (and not also trained as a nurse, physician, physician assistant, social worker, or mental health professional)

**Mental Health Professional:** Psychologist, counselor, caseworker, psychiatric aide, human service workers (e.g., children's services, geriatric services), family therapist and marriage counselor

**Nurse:** Licensed practical nurse, registered nurse, Bachelor of Science in Nursing, Master of Science in Nursing (non-APN specialties)

**Other Dental Professional:** Dental hygienist, dental assistant

**Client Educator:** Peer educator or adherence counselor

**Physician:** Any specialty, including psychiatrist

**Physician Assistant:** Any specialty

**Public Health Professional:** MPH/MSPH, biostatistician, epidemiologist, occupational health therapist, environmental health specialist, health information specialist

**Social Worker:** Licensed social worker or licensed independent clinical social worker (e.g., LCSW, LISW, LICSW)

**Substance Abuse Professional:** Counselor, outreach worker, substance misuse disorder specialist

## Ethnicity

**Hispanic or Latino** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino."

## Race

**American Indian or Alaska Native** is a person having origins in any of the original people of North America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian** is a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including but not limited to Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** is a person having origins in any of the black racial groups of Africa.

**Native Hawaiian/Other Pacific Islander** is a person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** is a person having origins in any of the original people of Europe, the Middle East, or North Africa.

## Chapter V: Frequently Asked Questions

### How do I create unique identifiers for participants (PIF1)?

Unique identifiers are needed for participants in all training programs and recipients of individual clinical consultations. These IDs allow the RWHAP AETCs to track repeat attendance at events. Participants are asked to use an email address (up to 140 characters) on the PIF form.

### What should the RWHAP AETC do if a participant does not provide a PIF identifier?

It is expected that site directors will stress the importance of using an email address as the unique ID. Submissions that do not include email addresses will not be counted in the data.

### What is the importance of having RWHAP-funded agencies be coded?

Offering training to providers working at RWHAP-funded agencies is an important RWHAP AETC training priority. Furthermore, information about participants' affiliations is frequently requested by Congress or HRSA. Participants may be unsure if their agencies receive RWHAP funding. Consequently, it was decided that this information would be more reliably coded by office staff based on participant-supplied information about the name of their principal employer.

### How do I report event topics that are not listed on the forms?

HRSA HAB has provided a comprehensive list of event topics for selection; a selection from this list is strongly preferred. If no appropriate choice is available, use the option for "Other, specify" and write in the answer.

### May I revise the forms or manuals HRSA HAB provides?

The distributed forms have been approved by the Office of Management and Budget for use by RWHAP AETCs. If you have suggestions to improve the data collection forms or process, please provide written feedback to your HRSA HAB project officer. Updates to the manual will be disseminated as needed.

### How do I assign training modalities to different types of events?

There will often be situations in which it is possible to assign events to more than one training modality. It is also assumed many events use a combination of training modalities and that the primary modality used for the event is what is coded.



**When in doubt, contact your HRSA HAB project officer for further assistance.**

### Whom do I contact for further assistance?

For assistance with the EHBs, the EHBs Customer Support Center can be reached at 877-464-4772 (8 a.m.–8 p.m. ET, M-F) or you may submit your request at <http://www.hrsa.gov/about/contact/ehbhelp.aspx>.

For reporting requirements or submission assistance, Data Support can be reached at 888-640-9356 or [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

Program-related questions should be directed to your assigned HRSA HAB project officer.



**If you need EHBs technical assistance, please contact the EHBs Customer Support Center at 877-464-4772. If you need assistance navigating the RWHAP AETC system, please contact Data Support at 888-640-9356.**