

HIV Policy and Procedure Questionnaire and Training Log

STAFF NAMES:							
Has received basic orientation on HIV/AIDS (Yes/No) If yes, include date	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Provided by (use numeric codes below)							
Has received basic training on agency policies and procedures (Yes/No) If yes, include date							
Provided by (use numeric codes below)							
Has received follow-up, refresher training (Yes/No)							
Follow-up Training Dates (include numeric code to indicate provider of training)	Code:	Code:	Code:	Code:	Code:	Code:	Code:

NUMERIC CODES FOR STAFF TRAINING LOGS - HIV/AIDS

TRAINING PROVIDER

1. Agency Staff
2. Local CA (includes collaborative training involving CA and Public Health, more than one CA, or CA and other professional training source)
3. Local Public Health (without CA involvement or sponsorship)
4. State Public Health (without CA involvement or sponsorship)
5. Professional workshop with continuing education eligibility
6. Other Health Care Professionals
7. Explicit HIV/AIDS community consortium, foundations, or groups
8. Other

Instructions: Submit this form annually upon request to the CMHSP with the Provider HIV/AIDS Staff Training Log. If there have been no changes since the previous questionnaire was submitted, please so indicate.

PROVIDER:

No Change from questionnaire submitted previously.
Please attach your agency's Communicable Disease Policy.

COMPLETED BY:

Name Title

SIGNATURE: _____ **DATE:** _____

Does your agency have a written policy governing provision of services to HIV and AIDS clients? Yes No

Does your policy cover family, significant others, etc., or HIV and AIDS individuals? Yes No

Do your policies detail signs, symptoms, or behaviors that, when identified or seen, lead to a referral for HIV testing and/or counseling as needed? Yes No

List those agencies with which you have written agreements of cooperation for HIV and AIDS clients or those who are identified as "at risk".

Are employees/staff in your agency systematically educated about...

a) HIV/AIDS? Yes No

b) Your agency's policies and procedures relative to HIV/AIDS? Yes No

For each a) and b) above, complete each of the following:

Which members of your agency receive this training/education? (check each that apply)

a) HIV/AIDS?

- All (if selected, skip others)
- Board Members _____
- Administrators _____
- Treatment Staff _____
- Support Staff _____
- Prevention Staff _____

b) Policies and Procedures related to HIV/AIDS?

- All (if selected, skip others)
- Board Members _____
- Administrators _____
- Treatment Staff _____
- Support Staff _____
- Prevention Staff _____

When/how often is such training provided?

a) HIV/AIDS?

- Orientation of new personnel
- Semi-annually`
- Annually
- As training opportunities arise
- Other (describe) _____

b) Policies and Procedures related to HIV/AIDS?

- Orientation of new personnel
- Semi-annually
- Annually
- As training opportunities arise
- Other (describe) _____

Who provides this training?

a) HIV/AIDS?

- Provider Staff
- Local CMHSP
- Local Public Health
- Other (list)

b) Policies and Procedures related to HIV/AIDS?

- Provider Staff
- Local CMHSP
- Local Public Health
- Other (list)

