

Health Status:

- Living with HIV Mode of Transmission: _____
- Partner of person with HIV
- Person with hemophilia
- Family member or parent of person with HIV
- Person with a disability: _____

Have you ever been:

- A sex worker
- An injecting drug user (IDU)
- A non-IDU substance abuser
- A mental health consumer
- In jail or prison
- Homeless
- Living in poverty

Education:

- Did not finish high school
- High school diploma/GED
- Attended some college
- College degree
- Graduate degree: _____
- Ordained Clergy: _____

Certifications/Lisences: _____

Representation:

- Faith community
- Non-Minority community-based organization
- Local health department
- Academic institution
- Substance Abuse/Mental Health agency
- Other non-profit
- Minority community-based organization
- State health department
- Other government agency
- Research center
- Individual
- Other: _____

Geographic Area:

Do you consider the area you live or work in to be:

- Urban metropolitan area
- Urban non-metropolitan area
- Rural

An urban metropolitan area consists of central place with an adjacent urban fringe that together have a population of >100,000 and/or an overall population density of at least 1,000 per square mile. An urban non-metropolitan area is the presence of an urbanized area with a total population < 100,000. A rural area is the population and territory outside of any urbanized area with a population of 2,500 or less.

Expertise:

Please select the category that best describes your training, experience and education. You may select one under primary and one under secondary

Primary

- | | | |
|--|---|--|
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Behavioral or Social Scientist | <input type="checkbox"/> Evaluation Researcher |
| <input type="checkbox"/> Intervention Specialist | <input type="checkbox"/> Community Representative | <input type="checkbox"/> Health Planner |
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Other _____ | |

Secondary

- | | | |
|--|---|--|
| <input type="checkbox"/> Epidemiologist | <input type="checkbox"/> Behavioral or Social Scientist | <input type="checkbox"/> Evaluation Researcher |
| <input type="checkbox"/> Intervention Specialist | <input type="checkbox"/> Community Representative | <input type="checkbox"/> Health Planner |
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Other _____ | |

Participation

The Virginia HIV Community Planning Committee (HCPC) can provide interpreter and other accommodations to persons serving on the Committee. Honoraria may be paid to persons on disability or needing reimbursement for child care or lost wages. Please list any special needs or services we could provide to facilitate your participation on the Committee: _____

The HCPC meets approximately every six weeks, alternating Thursdays and Fridays, in Richmond. Transportation and meals are reimbursed. Lodging is provided for those residing more than 25 miles from Richmond. Regular attendance is expected. Can you commit to this meeting schedule and make arrangements to be away from work or home? _____

Members are expected to make decisions based upon scientific evidence and their own expertise. Decisions should not be made to benefit a particular agency. HCPC members may not be Executive Directors of any organization that receives or applies for HIV prevention funding from the Virginia Department of Health. In order to prevent conflict of interest, please list your affiliations with HIV related organizations.

Agency

Affiliation
