



ANNUAL HIV TESTING & AWARENESS DAYS

JUNE 29, DECEMBER 1, 2016; FEBRUAR 7, 2018

NATIONAL HIV TESTING DAY, WORLD AIDS DAY

NATIONAL BLACK HIV/AIDS AWARENESS DAY

2017 National HIV Testing Day Event Form

One completed form for each Event.

Due date:
June 20, 2017



2017 NATIONAL HIV TESTING DAY EVENT FORM

Directions: To post your agency's NHTD event(s) as part of NJDOH/DHSTS Internet web page:

- 1) Complete one 2017 NHTD FORM for each event that your agency or organization will sponsor.
- 2) If you are collaborating with other agencies, please designate a lead agency to complete one form on behalf of all collaborating agencies.
- 3) Send completed forms by June 20, 2017 to: alfred.vassallo@doh.nj.gov
FAX: 800-292-8009 Division of HIV, STD and TB Services
50 East State Street Trenton, NJ 08625-0383

IMPORTANT TIPS FOR COMPLETING THE 2017 NATIONAL HIV TESTING DAY EVENT FORM

Who should complete this form? Only one completed 2017 NHTD Event Form is needed for each event.
Date? Agencies are invited to organize their own respective event on whatever date they choose on or about June 27.
Place/Time? Please specify the location (address) of your agency's NHTD event along with start and end times.
Type of Event? Specify the activities that will be included in your National HIV Testing Day event.
Event Contact Person? The contact person should be the person that DHSTS staff can contact info@njdoh.net; additional information about the event is needed.

NAME OF NHTD EVENT		
AGENCY (Lead)		
COLLABORATING AGENCIES		
DATE		
TIME		
EVENT SITE/LOCATION		
EVENT ADDRESS		
COUNTY		
TYPE OF EVENT: (Check all that is relevant)	<input type="checkbox"/> Health fair <input type="checkbox"/> HIV education presentation <input type="checkbox"/> Social event <input type="checkbox"/> Luncheon <input type="checkbox"/> Entertainment	<input type="checkbox"/> Memorial service <input type="checkbox"/> HIV testing services <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Other (describe) <input type="text"/>
EVENT CONTACT PERSON AND TELEPHONE #		

Indicate:
Location,
Address,
Attractions, and
Incentives

2017 National HIV Testing Day Evaluation Form

**Due date:
July 14, 2017**

Join your commitment to health
Department of Health and Human Services



**2017 NATIONAL HIV TESTING DAY (NHTD)
EVALUATION FORM**

EXPLANATION: [NHTD](#) celebrates the success of our 2016 NHTD efforts, the 2nd NHTD, and encourages the Department to assess for future NHTD commemorations. We seek to include feedback comments regarding what worked for your agency during this year's NHTD event, as well as what your agency learned from this year's event. Our goal is to maximize our effort to reach our people and for HIV and to ensure people with HIV receive the treatment as soon as possible. Thank for your assistance in this project.

INSTRUCTIONS: Please complete one form for each separate NHTD event location, sending all completed NHTD Reporting forms to the NHTD by July 14. Send completed NHTD Reporting forms to Fred Caspell at the NHTD, NHTD: fred.caspell@dhs.gov. Thank you.

REPORTING DATE: _____ **AGENCY NAME:** _____

DATE(S) OF NHTD EVENT: June 27 June 28 June 29 June 30 Other: _____

OFFICE LOCATION (in or out of office): In office Community Setting Workplace Pharmacy

ADDRESS OF EVENT: _____

PERSON COMPLETING THIS FORM: _____ **CONTACT TELEPHONE:** _____

How did you learn about NHTD? _____ How did you promote NHTD? _____

How did the medical staff learn about NHTD? _____

Was the targeted population consistent with NHTD high-risk populations? YES NO UNCERTAIN

Was the targeted location of the NHTD event in an area frequented by people at high-risk? YES NO UNCERTAIN

FEEDBACK COMMENTS: In the space below, provide feedback comments regarding your agency's participation in the NHTD initiative this year.

Please email this completed form electronically or by FAX to Fred Caspell at the NHTD:
E-Mail: fred.caspell@dhs.gov
FAX: 2025 233-4899

**Plan for
Success**

NATIONAL HIV TESTING DAY IDEAS

- ***SPECIAL SUMMERTIME EVENTS***
- ***PICNICS, BAR-B-QUES, SPORTS EVENTS OR COMPETITIONS***
- ***GAMES, ENTERTAINMENT, MUSIC***
- ***RAFFLES***
- ***INCENTIVES***
- ***FOOD***