Academic/Public Health Detailing Request Form

Disease Control & Environmental Epidemiology, STI/HIV/Viral Hepatitis Branch

**Practice Information (**Required)**

*Practice Name: ____________________________

*Practice Type:  
- Primary Care  
- Infectious Disease  
- Pediatrics/Adolescent  
- Family Planning  
- Sexual Health Clinic  
- Hospital  
- Emergency Department  
- Other: ____________________________

*Address: ____________________________  
*City: ____________  
*Zip Code: ________  
*County: ____________  
Website: ____________________________

Number of Prescribers in Practice: _____  
Number of Other Clinical Staff: _____

*Note: Services are geared toward clinical prescribers; however, other staff are welcome to attend.*

**Scheduling Information**

Do you have regularly scheduled provider meetings? 
Yes  
No

If so, when? Day of the week: ________ Time of day: ________

Is this a good time for a detailing session? 
Yes  
No

Scheduler Name: _________________  
Phone: __________  
Email: _______________

Do you prefer to be contacted by phone or email?  
Phone  
Email

**Detailing Topics**

Detailing topics desired (select all that apply, and rank if applicable):

- HIV Pre-Exposure Prophylaxis (PrEP)
- HIV Testing
- Extra-genital STI Testing
- HIV Post-Exposure Prophylaxis (PEP)
- PHIP/Financial Assistance for PrEP
- Viral Hepatitis (A, B, C)
- Cultural Competence: Working with MSM/Transgender Individuals
- Sexual History Taking
- Other: ____________________________

Date Request Sent: ___ / ___ / ______  
Individual Completing Request: _______________

Requester Email: _______________________  
Requester Phone: ( ____ ) ____ - ________

***Return by fax 303-782-0904 or by email deborah.monaghan@state.co.us ***

Academic/Public Health Detailing is a free educational opportunity for clinical providers in the state of Colorado. The goal of Detailing is to provide updated, evidence-based clinical practice guidelines and resources to providers in an efficient and practice-friendly format.