

# FLORIDA HIV/AIDS PREVENTION PLANNING GROUP

## Nominee Selection Criteria

### Partnership 2B

#### Prevention Representative

Instructions: This form should be completed by the individual seeking nomination to the Florida HIV/AIDS Prevention Planning Group. Individuals completing this form may choose to skip any question. Nominations are determined based on the total score.

All information is based on Area 2B Presumed Alive HIV/AIDS cases reported through 2005 developed by the Surveillance Unit of the Bureau of HIV/AIDS.

**Race/Ethnicity:** The three race/ethnicity categories most impacted in your community are:

Race/Ethnicity	%	Nominee Score	Points
Black, Non-Hispanic	76%	If the nominee is Black, Non-Hispanic, he/she receives	3
White, Non-Hispanic	18%	If the nominee is White, Non Hispanic he/she receives	2
Hispanic	3%	If the nominee is Hispanic, he/she receives	1
If the nominee is in another race/ethnicity category, he/she does not receive any points			
NOMINEE'S SCORE: _____			

**Age Groups:** The three Age Groups most impacted are:

Age Groups	%	Nominee Score	Points
40-49	32%	If the nominee is within the age range of 40-49, he/she receives	3
30-39	26%	If the nominee is within the age range of 30-39, he/she receives	2
50-59	16%	If the nominee is within the age range of 50-59, he/she receives	1
If the nominee is in another age group, he/she does not receive any points			
NOMINEE'S SCORE: _____			

**Gender:** The % for each gender is

Gender	%	Nominee Score	Points
Male	55%	If the nominee is male, he receives	2
Female	45%	If the nominee is female, she receives	1
NOMINEE'S SCORE: _____			

**Exposure Categories:** The three exposure categories most impacted in your community are:

Exposure Categories	%	Nominee Score	Points
Men who have sex with Men	55%	If the nominee self identifies as falling within this exposure category, he receives	3
Heterosexual contact	30%	If the nominee self identifies as falling within this exposure category, he/she receives	2
Injecting Drug User	7%	If the nominee self identifies as falling within this exposure category, he/she receives	1
If the nominee is in another exposure category, he/she does not receive any points			
NOMINEE'S SCORE: _____			

**Disease Status**

Disease Status	Nominee Score	Points
HIV Positive	If the nominee self identifies as HIV positive, he/she receives	2
HIV Negative/Affected	If the nominee self identifies as HIV negative, he/she receives	1

NOMINEE'S SCORE: \_\_\_\_\_

**Partnership Experience**

Partnership Experience	Nominee Score	Points
Greater than Three (3) years	If the nominee has been involved with any Florida HIV Prevention Community Planning Partnership for a time greater than 3 years, he/she receives	3
One (1) to Three (3) years	If the nominee has been involved with any Florida HIV Prevention Community Planning Partnership for one (1) to three (3) years, he/she receives	2
Less than One (1) Year	If the nominee has been involved with any Florida HIV Prevention Community Planning Partnership for less than one (1) year, he/she receives	1

NOMINEE'S SCORE: \_\_\_\_\_

**Guidance Expertise:** The Centers for Disease Control and Prevention Supplemental Guidance on Community Planning identifies the following areas of expertise that must be included within every state's Community Planning Process. (Maximum of one point allowed)

Guidance Expertise	Nominee Score	Points
Epidemiology	If the nominee is an expert in this field as indicated by a graduate level degree and work experience, he/she receives	1
Behavioral and Social Sciences	If the nominee is an expert in this field as indicated by a graduate level degree and work experience, he/she receives	1
Program Evaluation	If the nominee is an expert in this field as indicated by a graduate level degree and work experience, he/she receives	1
Health Planning	If the nominee is an expert in this field as indicated by a graduate level degree and work experience, he/she receives	1

NOMINEE'S SCORE: \_\_\_\_\_

NOTE: The highest scored that may be earned is 20

**NOMINEE'S TOTAL SCORE: \_\_\_\_\_**

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#### Department of Health Representative

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NOMINEE'S SCORE: _____			

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NOMINEE'S SCORE: \_\_\_\_\_

NOTE: The highest scored that may be earned is 20

**NOMINEE'S TOTAL SCORE: \_\_\_\_\_**