



Missouri Department of Health and Senior Services

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RELAY MISSOURI for Hearing and Speech Impaired: 1-800-735-2466 VOICE: 1-866-735-2460

Randall W. Williams, MD, FACOG
Director



Eric R. Greitens
Governor

Dear Provider,

The Missouri Department of Health and Senior Services, Bureau of HIV, STD and Hepatitis (BHSB) and the Midwest AIDS Training and Education Center at Kansas City CARE Clinic (MATEC-MO) are collaborating to create a directory of medical providers (nurse practitioners, physicians, and others) willing to assess eligibility for and prescribe daily oral Truvada as PrEP (Pre-Exposure Prophylaxis for HIV) for those interested in CDC’s recommended strategy for more robust comprehensive HIV prevention. The online directory will allow people interested in taking PrEP to locate a provider who can assist with the next steps.

This brief survey is intended to gather information regarding your practice’s experience with PrEP and interest in inclusion in the directory. If your experience is limited, MATEC-MO can provide education about PrEP recommendations.

We appreciate your time and effort in completing the survey below. Upon completion, please fax it to Anna Long at 573-751-6447. Please contact Anna Long at 573-751-6439 with any questions related to the PrEP provider directory.

Survey Questions	Please check your response.
Have you prescribed PrEP before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whether you currently prescribe it or not, do you feel you are knowledgeable about PrEP and the clinical monitoring involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you want education about PrEP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently accepting new patients for PrEP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever referred a patient to a medication assistance program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to use one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you wish to be listed in the PrEP Provider Directory?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete Section I.
Would you be interested in being listed in the PrEP Provider Directory after further education about PrEP and/or the Directory?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete Section II.
Would you wish to speak further with someone about the PrEP Provider Directory?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete Section II.

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Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Section I.

If you indicated your interest in being listed in the forthcoming online PrEP Provider Directory please provide the following information for your listing:

Practice/Provider name *: _____

Address: _____

Phone number: (____)____ - ____ Ext: _____

Website (if available): _____

Specialty: _____

Section II.

If you would like MATEC-MO to contact you with more information about the PrEP Provider Directory, please provide the following information:

Name, Organization: _____

Phone: (____)____ - ____ Ext: _____

Email: _____

Thank you for your time.

***Please list any additional Providers within your practice who wish to be included in the Directory:**
