



HIV Clinical Leadership Program Application (two-year program)

First Name: _____

Last Name: _____

Residency Program: ☉ Year of Completion _____ ☉ Intended year of Completion

Referred to the Program by:

- | | |
|--|--|
| <input type="checkbox"/> Web search | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Google Ad | <input type="checkbox"/> Webinar |
| <input type="checkbox"/> Journal Ad | <input type="checkbox"/> Website |
| <input type="checkbox"/> Fellowship Alumni | <input type="checkbox"/> Pacific AIDS Education and Training
Center Clinical Training Program |
| <input type="checkbox"/> Current Fellow | <input type="checkbox"/> Fellowship Director |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Other Source (please specify)
_____ |
| <input type="checkbox"/> Mentor | _____ |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> AAFP Conference Booth | |
| <input type="checkbox"/> AAHIVM | |

Please provide your current contact information. Note: the below will be used for important communication regarding the fellowship so it should be easily accessible and checked regularly.

Mailing Address: _____

Cell Phone: _____

Email Address: _____

Complete applications include:

- Application Form
- Curriculum Vitae
- Personal statement (emphasis on HIV Medicine and two-year leadership program)
- Three Letters of Recommendation
 - One letter must be from a Residency Program Director with a Summative Performance Evaluation
 - **To be sent directly from the writer via email to Shanna Livermore**

Completed applications should be emailed to:

Email: shanna.livermore@med.usc.edu

Phone: 626.457.4234