



## HIV Clinical Leadership Fellowship Program Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Note: Your email address will be used for the majority of important communication regarding the fellowship, so it should be easily accessible and checked regularly.)*

### **Residency Training Information:**

Name of Primary Hospital/ Medical Center: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Specialty:  Family Medicine  Internal Medicine  Medicine/ Pediatrics (combined)  Other: \_\_\_\_\_

Year of Completion (or Expected Completion): \_\_\_\_\_

### **Current Employment:** (only to be filled out if residency training has been completed)

Name of Employer/ Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### **Referred to this Fellowship Program by:**

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

### **To complete your application, please submit the following documents by November 15, 2018:**

- 1) Application Form
- 2) Current Curriculum Vitae
- 3) Personal statement of your interest in HIV and the fellowship
- 4) Three Letters of Recommendation
  - One letter must be from a Residency Program Director with a Summative Performance Evaluation
  - **Letters must be sent directly from the writer via email to Shanna Livermore**

**All application materials should be emailed to:**

Email: [shanna.livermore@med.usc.edu](mailto:shanna.livermore@med.usc.edu)

Phone: 626.457.4234