HIV/AIDS Focus
Application Form

This application form is required for students who wish to participate in the HIV/AIDS Focus. Participants in the focus must meet the following eligibility criteria:

• Admission to the UCSF AGNP or FNP programs
• Good academic standing
• Approval from academic advisor
• Willingness to sign an agreement to complete the HIV/AIDS Focus course and clinical requirements (i.e., HIV/AIDS Focus Add/Change Request form)

Submit this form along with the Add/Change Request form to Kellie Freeborn in the Department of Community Health Systems (Kellie.Freeborn@ucsf.edu).

SECTION 1: STUDENT INFORMATION

Student Name: ________________________________ Advisor’s Name: ________________________________

NP Specialty Program (AGNP or FNP): _____________ Expected Graduation Date: ________________

SECTION 2: STUDENT BACKGROUND & GOALS

A. Briefly describe your professional, personal, and/or educational backgrounds as they relate to your desire to participate in the HIV/AIDS Focus. Please limit your text to the space provided.
B. Briefly describe your goals for completing the HIV/AIDS Focus. Please limit your text to the space provided.

SECTION 3: STUDENT SIGNATURE

I certify that all the information given on this application is complete and true, and my own original work.

_________________________________________  ____________
Student Signature                  Date