 Submit form to:

 **Carol Dawson-Rose, PhD**

 carol.dawson-rose@ucsf.edu

 Professor

 Community Health Systems

**HIV FOCUS FORM**

This form is required for students who wish to participate in the HIV Focus. Please submit to Carol Dawson-Rose. Participants in the Focus must meet the following eligibility criteria:

* Admission to a UCSF Master of Science Program
* Good academic standing
* Approval from academic advisor
* Agreement to complete the HIV courses and clinical requirements

Students may modify their course of study to include the HIV curriculum using the online student portal. Any student may take SON HIV courses as electives, which does not require completion of this form.

|  |
| --- |
| **SECTION 1: STUDENT INFORMATION** |

Student Name: Advisor’s Name:

Program (ie 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 Focus. Please limit your response to 300 words.

B. Briefly describe your goals for completing the HIV Focus. Please limit your response to 300 words.

|  |
| --- |
| **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