

PACIFIC AIDS EDUCATION AND TRAINING CENTER
CLINICAL TRAINING PROGRAM FOR PRIMARY CARE PROVIDERS
OF HIV-INFECTED PATIENTS

APPLICATION - PHYSICIAN, PHYSICIAN ASSISTANTS, NURSE
PRACTITIONERS

Name: _____ Date: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Day) _____ (Evening) _____

Agency/Institution Name: _____

Referred to the Program by: _____

Social Security Number: _____

Any physical conditions which need special consideration: _____

To apply for a clinical rotation, applicants must furnish the following documentation, which will also fulfill the LAC + USC Medical Center personnel requirements for hospital and clinic rotations:

- ____ 1. Completed application and informational forms.
- ____ 2. Curriculum Vitae
- ____ 3. Copy of current state license
- ____ 4. Copy of current DEA certificate
- ____ 5. Letter which acknowledges the parent institution's (or individual physician's) responsibility for salary and malpractice insurance during the time of this rotation.

Paperwork must be received one month prior to training.

Please send completed paperwork and documentation to:

Pacific AIDS Education and Training Center

USC Keck School of Medicine

1420 San Pablo Street, PMB-B205

Los Angeles, CA 90033

(323) 442-1846

FAX (323) 442-1843

ATTN: Sandy Hume