



HIV Preceptorship Application

(Eligibility: Preceptee must work in the MWAETC region, or plan to move to and work in the MWAETC region, for at least one-year post-preceptorship. Please note, the Preceptorship should not be used for new hire orientation or onboarding for your organization)

Check Preceptorship Type and location(s) of interest

****Please note, Seattle-based preceptorships, except for Corrections, are unavailable at this time****

- Case Management:** Denver Portland
- Clinical (MD/PA/NP):** Billings Denver Portland
- Corrections:** Seattle
- High Resolution Anoscopy (HRA):** Denver Portland
- Nursing:** Portland
- Pharmacy:** Denver Portland

(Note: you may be assigned to a site by the MWAETC Regional Office based on availability, proximity, travel costs, or best fit for your training needs.)

1. **Applicant Name** (first, last):
2. **Professional degree** (e.g. MD, PA, NP, DO, etc.):
3. **Phone Number(s):**
4. **Email Address:**
5. **Work Setting** (e.g., hospital, clinic, hospice, etc.):
6. **Name of Clinic/Agency:**
7. **Agency/Clinic Location** (City and State):
8. **Is your clinic involved in an MWAETC Practice Transformation Project (PTP)?** Yes No Not Sure
9. **What is your ethnic/racial background?** *(required by funder)*
10. **Do you serve a patient population that is 25% or greater ethnic/racial minority?** Yes No Not Sure
11. **What is your primary role at work** (e.g. Clinician, Case Manager, etc.)?
12. **How long have you been in your current position?**



13. Will you be working in the MWAETC region for at least one year after your preceptorship?

Yes No Not Sure

14. Please describe your experience caring for people with HIV (including length of time): N/A

15. What do you hope to gain from this learning experience (please include specific goals)?

16. **Availability:** When are you hoping to do this training? Please list best months/days and any dates to avoid in the next 4 months:

17. Are you interested in obtaining Continuing Education Credits? (up to 16 CME credits available) Yes No

18. How did you find out about the Mountain West AETC preceptorship program?

Web Search At an AETC Training Event Co-worker Flyer/brochure From an AETC Staff Person
 Other (please explain):

19. Would you like to be added to our email list for notifications of upcoming trainings? Yes No

For Corrections Preceptorship Applicants Only

Date of Birth:

Last 4 Digits of SSN:

Middle Name:

Thank you for applying to the Mountain West AIDS Education and Training Center's Preceptorship Program. Your application will be reviewed, and you can expect to be contacted by the Regional Office within 7 business days. For questions regarding your application, please contact Susan Latta at latta@uw.edu.