



The Arthur Ashe Endowment for the Defeat of AIDS  
PROGRAM APPLICATION for 2008 (due 1 October 2007)

(NOTE: By applying, you agree that you will be returning to your home country to continue AIDS-related work.)

**INTERNATIONAL HEALTH CARE WORKER TRAINING IN CLINICAL MANAGEMENT OF HIV DISEASE AT NEW YORK PRESBYTERIAN HOSPITAL-WEILL CORNELL MEDICAL CENTER**

Applicant Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Full Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Medical Education \_\_\_\_\_ Highest Degree \_\_\_\_\_

Clinical Training \_\_\_\_\_

Current Position Title \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Specialty \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Training in HIV Disease and/or Experience with HIV-Infected Patients:

Prior \_\_\_\_\_

Current \_\_\_\_\_

Number of HIV-Infected Patients Directly Cared for by You in Past 12 Months \_\_\_\_\_

Your State of Health \_\_\_\_\_ (if not excellent, attach explanatory note)

Your Interests or Other Comments:

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**For 2008, this 4-week program is offered in April, May, October & November.**

**Attach recommendation letter from supervisor (not a colleague), preferably your departmental or institutional director. Letter must describe your proficiency in English, specific information about you & your work, and make clear that your future work will be AIDS-related and in your home country. Letter must accompany this application or be sent simultaneously. Illegible applications will be discarded.**

Return application to Dr. Henry W. Murray, Director by FAX (212-746-6332); airmail at Weill Cornell Medical College, 1300 York Avenue, Box 136, New York, NY 10021; or by e-mail at hwmurray@med.cornell.edu.

