

**Pacific AIDS Education and Training Center
Keck School of Medicine
University of Southern California**

Contact Form

Please complete this form if you would like more information about the Pacific AIDS Education and Training Center and our programs.

Except for your name and e-mail address, all questions are optional. All information that you submit will be held confidential.

Name: _____

E-mail: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Telephone: _____

Please circle your profession: MD PA NP RN DDS
Dental Hygienist Pharmacist Other:

Indicate your area of interest with the PAETC:

Comments

Indicate your educational needs (Please circle all that apply)

Risk Assessment

Diagnostic Tests

Early Interventions for HIV Disease

Opportunistic Infections

Antiretroviral Treatment

Adherence

Other (Please describe)

HIV Testing and Counseling

Rapid Testing

Clinical Manifestations of HIV Disease

Post-Exposure Prophylaxis

Treatment/NonART Medications

Cultural Competency

Please return form to:

Pacific AIDS Education and Training Center

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Los Angeles, CA 90089-9049

FAX: 323/442-1843

Email: Lemme@usc.edu