

Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)

University of California, Los Angeles

10920 Wilshire Blvd, Suite 350, Los Angeles, CA 90024

TEL 310-794-8278 FAX 310-794-8297

E-mail: bmendenhall@mednet.ucla.edu

2012 Community Advisory Board Member Application

Thank you for considering service on the CHIPTS Community Advisory Board (CAB). The CAB began in 2000 in order to incorporate the expertise of community-based organizations (CBOs), advocates, and health department personnel into our investigator-initiated research center work. Quarterly CAB meetings provide community input into research projects and support the integration of research findings into community practice. Please see our website for information on our current research portfolio: <http://chipts.ucla.edu>

Applications for membership are due in August 2012. Upon receipt, applications are discussed within the context of current CAB needs, and the Membership Committee makes the determination to select new members. Applicants are then notified and, if selected, scheduled for an orientation with CHIPTS staff. Newly selected members will be notified in early September in order to participate in the September CAB meeting. The length of term for each member is two years. No member may serve more than two consecutive terms. Please see the attached appendix of meeting dates that new members will be required to attend in 2012-2013.

We are very happy to have you consider joining. We hope that, if selected, you will find the experience to be professionally and personally enriching. Please respond to the following questions to help us understand your potential contribution and to help us maintain diversity among our members. HIV-positive individuals are strongly encouraged to apply. Please use extra space, as needed, and include a resume or CV. Questions? Contact Brett Mendenhall, CHIPTS ED, at bmendenhall@mednet.ucla.edu.

First and Last Name:

Street Address or Organization (Line 1):

Street Address (Line 2):

City: State: Zip Code:

Daytime Phone: Evening Phone:

Email:

1. Why do you want to become a member of the CHIPTS Community Advisory Board?

2. What relevant experiences in HIV research, prevention, or care/treatment do you bring?

3. Please discuss the relevant communities and networks to which you have access.

4. CAB members contribute to research feedback sessions. Applicants need not have research backgrounds, but should feel comfortable discussing research. Please briefly discuss your comfort discussing research.

5. *If you are currently a CHIPTS CAB member, what specific contributions have you made to the CAB?*

6. Are you able to fulfill the following commitments?

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Attendance: Members must attend quarterly meetings and at least one additional activity annually. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Orientation: Every new member must attend an orientation meeting lead by CHIPTS staff. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Participation: Members should actively participate at CAB meetings in a respectful manner. Members are expected to utilize their expertise, initiative, and community networks to further the CAB's work. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Preparation: Members are expected to read all relevant materials prior to the meetings. | <input type="checkbox"/> | <input type="checkbox"/> |

Optional:

Age: Gender: Sex assigned at birth: HIV status:

Ethnicity: Race: