



ABOUT PHYSICIANS' RESEARCH NETWORK

PRN's mission is to provide ongoing peer support to physicians, nurse practitioners and physician assistants providing care to people with, and at risk for, HIV disease and/or viral hepatitis. PRN is committed to improving the diagnosis, management and prevention of these epidemic viral diseases and their complications, and to enhancing the broad spectrum of skills utilized by our members.

Membership Application: *New Member* / *Renewal*

PLEASE NOTE: ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL.

(Please fully complete application)

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (Voice): _____ (FAX): _____

E-MAIL ADDRESS: _____

SEND MY MEETING ANNOUNCEMENTS BY: E-MAIL [Recommended]: FAX:

DEGREE(S): MD DO NP PA OTHER: _____

MEDICAL LICENSE #: _____ STATE: _____

BOARD CERTIFIED? YES NO IN WHAT SPECIALTIES?: _____

ARE YOU A MEMBER OF: AAHIVM? YES NO HIVMA? YES NO IDSA? YES NO

TYPE OF PRACTICE: _____

SOLO GROUP CLINIC ACADEMIC RESIDENT / FELLOW

OTHER: _____

LOCATION OF PRIMARY MEDICAL PRACTICE BY ZIP CODE: _____

EMPLOYED BY: (name of individual, hospital, university or organization, *if applicable*) _____

IN WHAT POSITION? _____

HOSPITAL AFFILIATION(S): _____

ACADEMIC APPOINTMENT(S): _____

Do you provide diagnostic screening for HIV? YES NO

Approximately how many HIV+ patients did you treat in the past year? _____ Previous year? _____

Approximately what percent of your total patient population is HIV+? _____

Approximately what percent of your HIV+ patients are: _____% Black _____% Asian / Pacific Islander

_____% Hispanic _____% Native American _____% White _____% Other: _____

Approximately what percent of your HIV+ patients are Male? _____ Female? _____ Trans? _____

Name at least 1 topic you would like to be the focus of a PRN meeting this year: _____

PLEASE SIGN HERE: _____

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN VIA E-MAIL TO: MEMBERS@PRN.ORG

OR VIA FAX OR POSTAL MAIL TO:

Physicians' Research Network, Inc.
39 West 19th Street, 6th Floor
New York, NY 10011

TELEPHONE: 212-924-0857

FAX: 212-924-0759