

Dear Students:

We are glad you have chosen to enroll in “Interprofessional Collaboration Practice in HIV Care.” This course was developed as part of the HIV Interprofessional Education Project (HIPEP), which is a collaboration between the Midwest AIDS Training + Education Center (MATEC) and the Center for Interprofessional Practice and Education at the University of (State). A goal of the program is to address anticipated workforce shortages among HIV providers by reaching health care professionals in training to increase the number of clinicians providing HIV services in the future.

The course will run for (X)weeks, from (date), with enrollment of students from the University of (x) schools of Nursing, Medicine and Pharmacy, and will consist of four in person class sessions, supplemented by asynchronous learning activities outside of class. Students will also participate in one 4-hour clinical experience at an HIV clinic in (place). The in-person sessions will be held at (location, room, address). **Please note the dates and times of the four in person class sessions:**

* Date, time (dinner available at time)
* Date, time (dinner available at time)
* Date, time (dinner available at time)
* Date, time (dinner available at time) Dinner will be provided at no cost to attendees.

I have attached a syllabus for your reference. Readings and assignments will be updated

periodically. At our first in person session, on (date), we will circulate a sign-up sheet so you can designate your preferences for dates/times of the clinical experience.

***Driving Directions Information*** *(fill in)*

***Parking Information*** *(fill in)*

If you have any questions, please feel free to contact me. Please watch your email inbox for updates. We look forward to seeing you next week!

Best regards,

Contact name and information

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