DHS HIV/AIDS PROGRAMS

The ADAP Formulary Committee is a group of people living with HIV/AIDS (PLWH/A) and professionals who work with PLWH/A that review information and make recommendations to the Department of Human Services regarding Minnesota's ADAP Formulary.

AIDS Drug Assistance Program Formulary Committee Application

Name: _____

Address: _____

City: _____ State:_____ Zip:_____

Telephone: _____

Can we leave a message at this phone number? _____ Yes No _____

E-mail: _____

What is the best way to contact you? _____

Are you a pharmacist, doctor, case manager/care advocate, or work in the HIV field? ___ Yes No ___

If yes, please indicate your place of employment and position:

_____

Questions:

Why do you want to be a part of this committee? What do you think you will bring to the discussion?

_____

_____

_____

Please describe your experience working on other committees.

_____

_____

_____

This committee meets at least twice a year and almost always in the evening (6-8pm). Will this schedule work for you?

_____

Disclaimer: The questions below allow us to comply with federal reporting requirements that show the committee is reflective of the population living with HIV/AIDS and those serving that population.

Gender: Male: _____ Female: _____ Do you identify as Transgender? _____

Race/ Ethnicity: _____ Age: _____