

*Clinical Psychology Doctoral Program  
Department of Psychology  
516-299-2090 - Phone  
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**HIV WORKSHOP MEMORANDUM**

TO: All Doctoral Students  
FROM: Robert Keisner, Ph.D., Program Director  
DATE:  
SUBJECT: HIV Workshop: \_\_\_\_\_

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The Clinical Psychology Doctoral Program will be hosting an APA-sponsored, HIV Workshop on \_\_\_\_\_, \_\_\_\_\_ in the Psy.D. Conference Room, 2<sup>nd</sup> Floor, Post Hall, \_\_\_\_\_ a.m./p.m.. Attendance and participation at this workshop is a **program requirement** for graduation. If you are in the third or fourth year, you must attend this year's workshop (we generally offer it alternate years) unless you had completed one in the past.

Please return the bottom portion of this memo to the program office by \_\_\_\_\_.

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Name \_\_\_\_\_

\_\_\_ **I will be** attending the HIV Workshop on \_\_\_\_\_ .

\_\_\_ **I will not be** attending the HIV workshop on \_\_\_\_\_ .

\_\_\_ I have enclosed a copy of the certificate showing completion of the last workshop or an equivalent training experience.

\_\_\_ I am a first or second year student and will attend the next planned workshop.