

**ATTACHMENT B
LETTER OF RECOMMENDATION**

Please ask a provider, a colleague or someone else who knows you such as a friend, family, clergy, a provider, a representative of a block association, an educator, etc. to write a letter of recommendation supporting your application for insertion into the HAB member pool.

For your convenience, we have included a form (next page) you can give to the people you chose to write the recommendation for you.

The letter should explain how s/he knows you and describe your work with HIV/AIDS and affected communities, your meeting participation skills, and other personal qualities or experiences that would be relevant to your membership on the NYS HIV Advisory Body (HAB).

If you are unable to get letters of recommendation, please provide a reason below:

MEMO

To: Individuals providing a reference/recommendation for a potential HIV Advisory Body member

From: The NYS Department of Health (NYSDOH) AIDS Institute

The NYSDOH AIDS Institute is seeking actively involved people to represent your community on the HIV Advisory Body (HAB), an advisory group to the New York State Department of Health, AIDS Institute. It is constituted to provide advice on service needs, affected populations and emerging issues related to HIV prevention, healthcare and supportive services throughout New York State

_____ has requested that you write a letter of recommendation in support of HAB membership. The HAB serves as a planning body to identify and address prevention and healthcare needs and gaps of HIV infected/affected populations with an emphasis on linkage, retention and viral suppression.

The HAB serves as a forum to draw on the expertise, information and experiences of consumers, providers and community members.

Please describe the nominee's work with HIV/AIDS and affected communities, meeting participation skills, and other personal qualities or experiences that would be relevant to membership on the HAB.

The suggested format for letters of recommendation is as follows.

1. Your name, title, employer (if applicable) & experience in the field of HIV/AIDS
2. The number of years you have known the applicant and in what capacity
3. The strengths of the applicant, and why you are recommending him/her
4. Discuss applicant's skills or areas of expertise related to HAB's functions
5. Provide personal contact information:

Address:

Phone number:

Email address:

Thank you for your assistance!

Please address letters of recommendation to:

HIV Advisory Body
New York State Department of Health
ESP, Corning Towers, 4th Floor, Albany, NY 12237
HAB@health.ny.gov - e-mail
518-474-1199- fax