



# HEALTHCARE ETHICS LEADERSHIP ACADEMY

Advancing Professionalism in Healthcare Ethics

Name: \_\_\_\_\_  
First MI Last Degrees (MA, MD, PhD, etc)

Gender:  Female  Male

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_  
Organizational HEC Member? Yes  No

Your Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Bioethics Training (if any)

Degree in Bioethics: \_\_\_\_\_  
Institution Degree

Courses in Bioethics:  HEC Workshop  HEC Annual Conference

Other Courses: \_\_\_\_\_  
List

Ethics Committee Member

On a separate page, please explain your interest in bioethics and your goals for participation in this program: (Limit response to 250 words)

\*\* We encourage applicants to discuss participation with institutional leaders and to have a letter of support for participation from leadership as a part of your submission.

Please list any needs for special accommodations:

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Participants will receive approximately 40 hours of classroom teaching

I certify that the information provided is complete and accurate.

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Signature of Applicant

Date

Completed statement of interest forms should be submitted via email to [hec@emory.edu](mailto:hec@emory.edu) with "Healthcare Ethics Academy Statement of Interest" in the subject line.

**\*\*For the 2017 class, statements are due July 15, 2017\*\***

If you prefer to mail your statement of interest, please send to:

Healthcare Ethics Leadership Academy

Emory University Center for Ethics

1531 Dickey Drive

Atlanta, Georgia 30322

For further information about the program, please visit our website at [www.hcecg.org](http://www.hcecg.org) or contact us at: [hec@emory.edu](mailto:hec@emory.edu) or 404-727-9533.

