



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:

Participants will receive approximately 40 hours of classroom teaching

I certify that the information provided is complete and accurate.

Signature of Applicant

Date

Completed statement of interest forms should be submitted via email to 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 or contact us at: hec@emory.edu or 404-727-9533.

