

2012-2013 Fellowship Application Center for Ethics in Health Care

Fall 2012 Fellowship in Interprofessional Health Care Ethics

General Information:

Name	_____	State/Province	_____
Credentials	_____	Zip/Postal Code	_____
Address	_____	Phone/mobile	_____

Employment Information:

OHSU Department, Business, or School	_____	NON-OHSU Business or School	_____
Work Phone	_____	Occupation	_____
Work Address	_____	Appointment	_____
Mail Code	_____	Faculty Position	_____

Essay points to include: (No longer than 2 pages please)

1. Reasons for wanting to be in the Ethics Fellowship
2. Background in ethics (education and experience)
3. How you expect to use ethics skills in the workplace
4. Emphasize if this is for faculty development
5. Your commitment to completing the Ethics Fellowship
6. Supervisor's support

SUBMITTING THIS FORM AND YOUR DOCUMENTS: You may send this document from an OHSU workstation by pressing the "submit by email" button. From here, you will be linked into your OHSU email account where this file will be automatically uploaded as an appropriate sending document. You will have an opportunity to upload other documents once you press "submit by email." If you are submitting documents from a non-networked station, auto-prompts will kick in and guide you through the process.

REMINDER: Please include your CV and/or resume as an attachment in your email.

For questions: Joel Nava at the Center for Ethics. Email: navajo@ohsu.edu, Center ext: 503-494-3062 fax: 503-494-1260