



Application for  
E**xx**cellence in Clinical Research (formerly E**xx**cellence in Faculty Development)  
From  
The Foundation for E**xx**cellence in Women's Health Care

I am applying for the course being presented:

- February 5-11, 2011
- May 14-20, 2011
- September 10-16, 2011

Name

First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Institutional Information

Degree \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Institutional Mailing Address (no PO Boxes please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What year of your Fellowship are you in now? \_\_\_\_\_

Subspecialty \_\_\_\_\_

\_\_\_\_\_

Name of Fellowship Director \_\_\_\_\_

Please mail 3 copies to:  
Excellence in Clinical Research  
2915 Vine Street  
Dallas, TX 75204

Please Email:  
clinicalresearch@excellence.org