



Application Form

2009 Institute for Teaching and Learning in the Health Professions

APPLICATION DEADLINE: April 30, 2009

(Please type or print the following)

Full Name: \_\_\_\_\_

Preferred First or Nick Name: \_\_\_\_\_

School or Institutional Affiliation (if any): \_\_\_\_\_

Title/Academic Rank (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State (if USA): \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Work Telephone: \_\_\_\_\_ Home or Cell Telephone \_\_\_\_\_

FAX Number: \_\_\_\_\_

Invoice Institution for Tuition (if applicable):  yes  no

If you are applying for a scholarship from a dental specialty organization, please indicate the organization providing the scholarship:

\_\_\_\_\_



List undergraduate (pre-dental school) attended, major, and degree obtained if applicable:

Please list the dental school from which you received your dental degree (D.D.S., D.M.D., or equivalent):

If you hold a postgraduate education, please list the specialty or area of concentration and the institution from which you received your degree/certificate:

If you currently hold an academic position, please indicate if your appointment is: \_\_\_ Full time  
\_\_\_ Part time

If you currently hold an academic position, please indicate the courses that you teach:

How did you learn about the ADEA/AAL Institute for Teaching and Learning?

**Agreement to Participate:**

I understand that if I am selected to participate in the ITL, I am required to attend all activities and complete all assignments throughout the Center’s two phases. I understand that, once I am accepted, the tuition fee of \$4,950 is due within 30 days of receiving acceptance into the program. Failure to submit the tuition by the deadline will result in the loss of my position in the Center. After June 30, 2009, withdrawal from the ITL for any reason will result in the forfeiture of 50% of the tuition. I also understand that the conduct of this program is contingent upon adequate enrollment and factors beyond the control of the Academy for Academic Leadership. Should the program be cancelled for any reason, I will receive a full refund of any tuition paid to the Academy for Academic Leadership. The Academy for Academic Leadership is not responsible for other costs that I incur as a participant in the program. I understand that the Academy for Academic Leadership is not a placement agency and makes no promise of employment as a result of participation in the ITL. My typed or signed name and submission of this form constitutes my Agreement to Participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide three copies of this form and mail it to:

**Academy for Academic Leadership--ITL  
1870 The Exchange, Suite 100  
Atlanta, GA 30339**