



2525 Wallingwood Drive, Bldg. 13-A ■ Austin, TX 78746
Email: texacep@gmail.com ■ Website: www.texacep.org
Telephone: 800.839.2237 ■ Fax: 512.329.8943

Leadership and Advocacy Fellowship FAX Application Form

Name of Applicant: _____

Mailing Address: _____ City: _____ State/ZIP: _____

Cell Phone: (____) _____ Email: _____

Hospital/Physician Group Affiliation: _____

Description of Practice: _____

Number of years as a member of ACEP/EMRA: _____

Please list the state or national activities in which you have participated (leadership positions, committee or task force involvement, etc.): _____

Please list any leadership positions in organized medicine held: _____

Please list your membership in other medical associations: _____

Please describe your interest in the Leadership and Advocacy Fellowship, including why you should be selected by the TCEP BOD to participate: _____

Please describe how your participation in the TCEP Leadership and Advocacy Fellowship might benefit your state, physician group and/or hospital: _____

If selected, I agree to participate in all designated elements of the TCEP Leadership and Advocacy Fellowship. I understand that any absence from a required meeting, if not approved by the TCEP Executive Director, will result in dismissal from the program.

Signature of Nominee: _____ Date: _____

Please include your CV and any supplementary material you would like the TCEP BOD to review pertaining to your nomination.

Please return completed Nomination Form to:
Jim Coles, TCEP Executive Director • FAX: (512) 329-8943