

KEMCAANA EDUCATION INITIATIVE
Faculty Participation Form

Name: _____

Address: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Graduation Year: _____

Residency: _____

Fellowship (if applicable): _____

Academic Position (if Applicable): _____

1. I would like to hold a workshop/deliver a presentation at KEMU.

Specialty	Topics	Proposed Dates of Rotation

2. I would like to volunteer as a teaching faculty at KEMU for a two or more week period. (Please keep in mind that the university is closed last 10 days in December and it would not be a good time for rotation).

Specialty	Topics	Proposed Dates of Rotation

Please return by mail/fax to:

Marsha Smith: 1331 Union Ave., Suite 800, Memphis, TN 38104, Fax # 901-722-0452