

**Excellence in Curriculum Integration Through Teaching Epidemiology
(EXCITE) Summer Workshop**

Application Form

Last Name: _____

First Name: _____ Middle Initial: _____

Social Security Number _____ DOB: _____

Home Address: _____

City: _____ State: _____

Home Phone Number: _____

School's Name _____

Subjects Taught: _____

Educational Background: _____

Degree Major/Minor

University/College _____ Dates Attended _____

Additional Education: _____

Degree School Major Year Awarded

Certificate Type Subject(s)/Area(s) Expiration Date

2002-2003 Teaching Assignment: _____

Total Years Teaching: _____

Math and Science teachers are encouraged to apply as a team.

Team Member's Name _____ Subject(s) Area(s) _____

Signature _____ Date _____

Please return completed applications to
Kimberly Parker, MA, MPH, CHES
Program Associate, Emory Center for Science Education
1399 South Oxford Rd.
Atlanta, Ga. 30322

Deadline is June 7, 2002

Date Received: _____

(interoffice use only)