

**ALLIED HEALTH CEEPs-UP**

**eHEALTH PROMOTION TRAINING INSTITUTE**

Application Form

Team Leader Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

University/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Team Members

Title (if appropriate)

1.

2.

3.

Please tell us where you first received information about this project.

Please attach the completed proposal, biosketch of each team member and letters of support.

Submit all material postmarked no later than March 3, 2006 to:

Dr. Kevin J. Lyons  
Center for Collaborative Research  
eHealth Promotion Training Institute  
Jefferson College of Health Professions  
130 South 9<sup>th</sup> Street, Suite 720  
Philadelphia, PA 19107  
Ph: 215-503-8188  
Fax: 215-503-2348  
kevin.lyons@jefferson.edu