



COUNCIL ON COMMUNICATIONS AND MEDIA 2010 MEDIA VISITING PROFESSORSHIP APPLICATION FORM

- Name and address of Applicant Institution:

- Contact information for individual completing application:

Name: _____

Phone: _____

Fax: _____

Email: _____

- Total number of Pediatric Residents:

- Total number of Medicine/Pediatric Residents:
(not included in previous amount)

- Department Chairperson:

Name: _____

Address: _____

Phone: _____

Email: _____



➤ Program Director:

Name: _____

Address: _____

Phone: _____

Email: _____

➤ Statement of educational needs to be met by the visiting professor.

(Text box below may be expanded, or use a separate page)

➤ Are there specific media-related topics that you are particularly interested in? Examples include: general overview, media violence, sex & media, drugs, obesity & eating disorders, advertising, and media training.

(Text box below may be expanded, or use a separate page)

➤ Describe any existing research in, or teaching about, media within your institution or community.

(Text box below may be expanded, or use a separate page)



- Anticipated format of the visit. Please provide a complete and detailed program schedule.

(Text box below may be expanded, or use a separate page)

Deadline for receipt of application is September 11, 2009.

Please send applications to:

Department of Communications
Re: 2010 Media Visiting Professorship
American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007

Phone: 800/433-9016 x7877
Fax: 847/228-5011
E-mail: cocm@aap.org