



Society For Pediatric Dermatology
Nancy Esterly Visiting Lectureship
2017 APPLICATION FORM

- Name and full address of Applicant Institution:

- *(Name and e-mail address of individual completing application):*

- Total # Dermatology Residents:

- Total # benefitting Support Staff (NP/PA):

- Total # other Medical/Non-Dermatology Residents and Support Staff (not included in above amount):

- Department Chairperson and Residency Program Director Contact Information:

Department Chair:

Name

Street Address

City, State, Zip Code

Phone

Email

Program Director:

Name

Street Address

City, State, Zip Code

Phone

Email

- Statement of educational needs to be met by the Visiting Professor (may be expanded upon on a separate page if necessary). Please indicate specific topics of importance.

- Describe any existing pediatric dermatology resources within your institution (i.e., do you have a pediatric dermatologist or expert in pediatric dermatology affiliated with your organization?)

- Names and institutional affiliations of up to 3 preferred Visiting Lecturers. List in order of preference. (If you need assistance in identifying lecturers, a list is available upon request from the SPD at the address listed below.)

- 1.
- 2.
- 3.

- Anticipated format of the visit. Please provide a structured and detailed program schedule (May be expanded upon on a separate page if necessary):

- Preferred dates for visit:

- 1.
- 2.
- 3.

- In the following space provided, please include a detailed timeline for the lectureship visit, including lectures, mentorship time.

Applications should be received by **Thursday, April 6, 2017**
Submit applications to: Stephanie Lander, Membership & Communications Manager
Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
info@pedsderm.net
Phone Number: (317) 202-0224
Fax Number: (317) 205-9481

For assistance in identifying Visiting Lecturers contact the SPD