



# Application for Certificate of Attendance and CLE credit

## Health Law and Policy Institute 2009 Summer Session

Please complete the entire application form (type or print legibly) and enclose the non-refundable application fee of US\$65

1. \_\_\_\_\_  
Last Name (Family Name) First Name (Given Name) Middle Name

2. Name as you would like it to appear on the Certificate of Attendance \_\_\_\_\_

3. Social Security Number, if applicable \_\_\_\_\_ 4. Birth Date \_\_\_\_\_ 5. Male \_\_\_\_\_ Female \_\_\_\_\_

6. Present address valid until: \_\_\_\_\_ 7. Permanent address: \_\_\_\_\_

Number Street

City State Zip Country

Telephone Fax

E-mail address

Number Street

City State Zip Country

Telephone Fax

E-mail address

8. Attach a copy of your curriculum vitae (no more than two pages).

9. Attach a one-page Statement of Interest. Explain why you want to participate in this program.

10. Health Law and Policy Course(s) for which you wish to register: C. Title: \_\_\_\_\_

A. Title: \_\_\_\_\_ D. Title: \_\_\_\_\_

B. Title: \_\_\_\_\_ E.. Title: \_\_\_\_\_

Others: \_\_\_\_\_

11. \_\_\_\_\_ Check here if you would like your credits to apply toward an LL.M. degree in the Program on Law and Government from American University Washington College of Law.

\_\_\_\_\_ Check here to receive more information on the LL.M. degree.

12. If you are seeking CLE credit, please indicate State and Bar Membership Number: \_\_\_\_\_

13. How did you learn about the Summer Session? \_\_\_\_\_

I hereby apply for admission to American University Washington College of Law as a visiting student. I certify that all the information given here is complete and accurate and given for the purpose of having the law school take action in reliance thereon.

Signature \_\_\_\_\_

14. Please enclose check (Fee Schedule appears in Brochure) made payable to American University Washington College of Law or check the appropriate credit card and provide the information requested:

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card Total \$ _____ Card Number _____ Expiration Date: _____ Name on Card _____ Signature _____	Billing Address: _____ City _____ State: _____ Zip: _____ Country: _____
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Please submit this form to: Prof. Corrine Parver  
Health Law and Policy Institute Summer Session  
American University Washington College of Law  
4801 Massachusetts Ave. NW  
Washington, DC 20016-8181 USA