

CCHE Faculty Associate Application Form

Please tell us	s about yourself	f:			
What is your	preferred salut	ation (select on	e):		
Mr.	Mrs.	Ms.	Dr.	Prof.	Other:
Last name:					
First name (a	and initials):				
University/Po	ost-secondary Ir	nstitution:			
Faculty and/	or Department:				
Position at s	chool: (eg: Profe	essor, Associate	/Assistant Profes	sor, other)	
Research Int	erests: (key wor	rds)			
Short Bio:					

Please tell us your contact information and preferences: (for renewal applications, you only need to list/update your contact information if it has changed from last year)

Do you prefer to be cont	acted in Englis	sh or French?		English	
				French	
Educational/Institutiona	I email addres	ss (required):			
Street Address or PO Bo	x:				
	I				
City:	Province/Stat	te:	Country:		
Postal/Zip Code:	T	Telephone (if outside No	orth America,	include int'l	codes):

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www.canadiancentreforhealtheconomics.ca

For new membership applicants and renewal applicants

Please tell us how you plan to meet the Faculty Associate requirements Are you working in health economics or a related field of study with a	Yes	
focus on health economics?	No	
	Unsure	
If unsure, please list field of study:		
How do you expect to fulfill your required contribution to the CCHE in the	upcoming 2 ye	ears?
How do you expect to fulfill your required contribution to the CCHE in the (Select one/all that apply):	upcoming 2 ye	ears?
		ears?
(Select one/all that apply):	*	ears?

Please provide any explanations as necessary for selection(s) as above:

* If the Faculty Associate is supervising a student who is also a member of the CCHE, and the student submits a working paper on which the Faculty Associate is also listed as an author, this satisfies the membership requirements for that Faculty Associate for the 2-year membership cycle.

For membership renewal applicants only

Please tell us how you met the Faculty Associate requirements in the past 2 years:

How did you fulfill your required contribution to the CCHE in the past 2 years? (Check any/all that apply):

- 1 working paper on the CCHE website (related to health economics)*

- 1 presentation in the CCHE seminar series, a workshop, or other (explain below)

- Other contribution to the CCHE (ex: CCHE committee involvement - explain below)

Please list additional details related to your/your student's working paper (working paper title), a seminar/workshop you presented (date, title), or other CCHE contribution:

For membership requirements/application questions, please contact <u>cche@utoronto.ca</u> Please send completed forms to <u>cche@utoronto.ca</u> or by mail to:

Canadian Centre for Health Economics 155 College Street, 4th Floor Toronto, ON M5T 3M6 Canada