



# Consortium Ethics Program

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## Institutional Intent to Participate

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Based on information presented about **Membership Information on the CEP website**, we hereby declare our intent to participate in the Consortium Ethics Program\*\*

We understand, in declaring this intent, that:

1. We will assign appropriate personnel and provide them with sufficient time to attend meetings and training sessions during the course of our participation;
2. We are prepared to make the financial commitment, i.e. participation fee, as described in the **Membership Information section on the CEP website** recognizing that flexible payment plans will be available;
3. This document is non-binding, and the undersigned may elect not to become a formal applicant or participant.

Administrative Authorization: \_\_\_\_\_  
(CEO/CFO/COO) Please Print

Administrative Authorization: \_\_\_\_\_  
(CEO/CFO/COO) Signature

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Please return to:

Consortium Ethics Program, 3708 Fifth Avenue, Suite 300, Pittsburgh, Pa 15213  
Fax: (412) 647-5877

*The University of Pittsburgh Consortium Ethics Program (CEP) is a regional ethics education network funded by its member institutions and co-sponsored by the University of Pittsburgh Department of Medicine, Division of General Internal Medicine, and the University of Pittsburgh Center for Bioethics and Health Law.*

*Rosa Lynn Pinkus, Ph.D., Director*