

Quality Leadership Academy

Application – 2021-2022

Name	
Click here to enter name.	
Department	
Click here to enter Title/Position.	
Email Address	Year in Program
Click here to enter email address.	Click here to enter yrs in position.

What are your career goals as they relate to quality leadership development and how do you think participating in the Quality Leadership Academy will help you achieve your goals?
Click here to enter text.

How will attending the Quality Leadership Academy benefit your specific department, unit, or institution as a whole?
Click here to enter text.

Please list the qualities you feel are most important for leadership positions in Health Care and provide the reasons why they are important
Click here to enter text.

List any additional activities, board memberships, leadership positions, and/or honors or awards that you wish to bring to the attention of the committee.
Click here to enter text.

ELECTRONIC SIGNATURE
By entering my name below, I state that I agree to attend ALL Quality Leadership Academy sessions (August 27, 2021, Oct 22, 2021, Dec 3, 2021, Jan 28-29, 2022, & Mar 4, 2022) and understand that failure to complete the program may result in my department covering an estimated \$1200 program fee.
Click here to enter text.