

# Quality Leader Academy

Nomination Form – to be completed by Program Director

**Name of Applicant**

Click here to enter text.

**Briefly state why this person is a good candidate for the Quality Leadership Academy.**

Click here to enter text.

**What are the candidate's current leadership responsibilities?**

Click here to enter text.

**How do you see him/her using the information learned in this series in future endeavors with UI Health Care?**

Click here to enter text.

## ELECTRONIC SIGNATURE

**By entering my name below, I state that I support the applicant's participation in the Quality Leadership Academy. This includes providing them release time to attend the program (6 sessions – August 27, 2021, Oct 22, 2021, Dec 3, 2021, Jan 28-29, 2022, & Mar 4, 2022) and agree that failure to complete the program may result in our department covering an estimated \$1200 program fee.**

Click here to enter text.