**Executive Leadership Academy**

**Application - 2022**

|  |  |
| --- | --- |
| **Employee Name** |  |
| Click here to enter name. |  |
| **Title/Position** | **Phone Number** |
| Click here to enter Title/Position. | Click here to enter phone number. |
| **Email Address** | **Years in Position** |
| Click here to enter email address. | Click here to enter yrs in position. |

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

|  |
| --- |
| **How will attending the Executive 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 UI Health Care and provide the reasons why they are important** |
| Click here to enter text. |

|  |
| --- |
| **Years of Supervisory/Leadership Experience** |
| Click here to enter text. |

|  |
| --- |
| **Numbers of employees you supervise (if applicable)** |
| 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. |

|  |
| --- |
| **Briefly describe the range of your responsibilities in your current position, including those activities, operations, or functions for which you are directly responsible.** |
| Click here to enter text. |

|  |
| --- |
| **PROJECT INFORMATION** |
| **Please describe the business need of your project in detail.** |
| Click here to enter text. |
| **Please describe the main goals and objectives of your project.** |
|  |
| **How will your project align with UI Health Care’s strategic initiatives?** |
| Click here to enter text. |
| **Who will be the** [***Project Sponsor***](https://medcom.uiowa.edu/hr/wp-content/uploads/2015/03/Project-Sponsor-Quick-Reference.pdf)**?**  |
| Click here to enter text. |
| **Who will be on your** [***Core Project Team***](https://medcom.uiowa.edu/hr/wp-content/uploads/2015/03/Project-Manager-Reference.pdf)**?**  |
| Click here to enter text. |

|  |
| --- |
| **ELECTRONIC SIGNATURE** |
| **By entering my name below, I state that I agree to attend ALL Executive Leadership Academy sessions (Aug 26-27, 2022, Sep 23-24, 2022, Oct 21, 2022, Dec 2, 2022, Jan 27-28, 2023, Mar 3-4, 2023, & May 5-6, 2023) and understand that failure to complete the program may result in my department covering an estimated $1200 program fee.** |
| Click here to enter text. |