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| **Name of Applicant** |
| Click here to enter text. |

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| **Briefly state why this person is a good candidate for the Executive Leadership Academy.** |
| Click here to enter text. |

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| **What are the candidate’s current leadership responsibilities?** |
| Click here to enter text. |

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| **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. |

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| **ELECTRONIC SIGNATURE** |
| **By entering my name below, I state that I support the applicant’s participation in the Executive Leadership Academy. This includes providing them release time to attend the program (7 sessions – on 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 agree that failure to complete the program may result in our department covering an estimated $1200 program fee.** |
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