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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 25-26, 2023, Sep 29-30, 2023, Oct 27, 2023, Dec 8, 2023, Jan 26-27, 2024, Mar 1-2, 2024, & May 3-4, 2024) and agree that failure to complete the program may result in our department covering an estimated $1200 program fee.** |
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