**Executive Leadership Academy**

**Application - 2024**

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| **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. |

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| **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. |

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

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| **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. |

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

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| **Numbers of employees you supervise (if applicable)** |
| Click here to enter text. |

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| **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. |

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| **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. |

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| **PROJECT INFORMATION** |
| **Provide a 1 sentence overview of your project.** |
| Click here to enter text. |
| **Provide project detail in an SBAR format:** |
| * **Situation (concise statement of the problem, including a business need for your project):** |
| Click here to enter text. |
| * **Background (pertinent and brief information related to the situation):** |
| Click here to enter text. |
| * **Assessment (analysis and considerations of options):** |
| Click here to enter text. |
| * **Recommendation (action recommended, please include main goals and objectives of your project)** |
| Click here to enter text. |
| **Outline the metrics and timeline of your project.** |
| Click here to enter text. |
| **How does your project align with** [**UI Health Care’s strategic initiatives**](https://www.healthcare.uiowa.edu/marcom/uihc/UI-Health-Care-Strategic-Plan-at-a-glance.pdf)**?** |
| Click here to enter text. |
| **Who will be the** [***Project Sponsor***](https://iowa.sharepoint.com/sites/ProjectManagementUserGroup/SitePages/Project-Sponsor-Role-%26-Responsibilities.aspx)**?** |
| Click here to enter text. |
| **Who will be on your** [***Core Project Team***](https://iowa.sharepoint.com/sites/ProjectManagementUserGroup/SitePages/Project-Roles.aspx#core-team)**?** |
| Click here to enter text. |

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| **ELECTRONIC SIGNATURE** |
| **By entering my name below, I state that I agree to attend ALL Executive Leadership Academy sessions (Aug 23-24, 2024, Sep 20-21, 2024, Oct 25, 2024, Dec 6, 2024, Jan 24-25, 2025, Mar 7-8, 2025, & May 2-3, 2025) and understand that failure to complete the program may result in my department covering an estimated $1200 program fee.** |
| Click here to enter text. |