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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 them 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** |
| **The Project Nominator is the applicant’s direct Supervisor. The Project Nominator provides a recommendation to support the individual professional applying to ELA. By nominating this professional, you are committing to providing time and assistance in completing their project. 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 Session – on 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 agree that failure to complete the program may result in our department covering an estimated $1200 program fee.** |
| Click here to enter text. |