**Quality Leadership Academy**

**Application – 2024-2025**

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| **Name** |  |
| Click here to enter name. |  |
| **Department** |  |
| Click here to enter Title/Position. |  |
| **Email Address** | **Year in Program** |
| 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 quality leadership development and how do you think participating in the Quality Leadership Academy will help you achieve your goals?** |
| Click here to enter text. |

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

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| **Please list the qualities you feel are most important for leadership positions in Health Care and provide the reasons why they are important** |
| 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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| **ELECTRONIC SIGNATURE** |
| **By entering my name below, I state that I agree to attend ALL Quality Leadership Academy sessions (August 23, 2024, Oct 25, 2024, Dec 6, 2024, Jan 24, 2025, March 7, 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. |