

# Quality Leadership Academy

Application – 2022-2023

## Name

Click here to enter name.

## Department

Click here to enter Title/Position.

## Email Address

Click here to enter email address.

## Year in Program

Click here to enter yrs in position.

**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.

**How will attending the Quality Leadership Academy benefit your specific department, unit, or institution as a whole?**

Click here to enter text.

**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.

**Participants will complete a quality or safety project during the academy in application of skills and knowledge, mentored by clinical leadership. Do you have any tentative project ideas or a topical focus at this time?**

Click here to enter text.

## ELECTRONIC SIGNATURE

**By entering my name below, I state that I agree to attend ALL Quality Leadership Academy sessions (August 26, 2022, Oct 21, 2022, Dec 2, 2022, Jan 27-28, 2023, March 3, 2023, and May 5-6, 2023) and understand that failure to complete the program may result in my department covering an estimated \$1200 program fee.**

Click here to enter text.