

# Quality Leadership Academy

Application – 2023-2024

## 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.

**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.

## ELECTRONIC SIGNATURE

**By entering my name below, I state that I agree to attend ALL Quality Leadership Academy sessions (August 25, 2023, Oct 27, 2023, Dec 8, 2023, Jan 26-27, 2024, March 1, 2024, & May 3-4, 2024) and understand that failure to complete the program may result in my department covering an estimated \$1200 program fee.**

Click here to enter text.