

Quality Leader Academy

Nomination Form – to be completed by Program Director

Name of Applicant

Click here to enter text.

Briefly state why this person is a good candidate for the Quality Leadership Academy.

Click here to enter text.

What are the candidate's current leadership responsibilities?

Click here to enter text.

How do you see him/her using the information learned in this series in future endeavors with UI Health Care?

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 foresee any program barriers that might impede the candidate's ability to fulfill QLA project obligations?

Click here to enter text.

ELECTRONIC SIGNATURE

By entering my name below, I state that I support the applicant's participation in the Quality Leadership Academy. This includes providing them release time to attend the program (8 sessions – August 25, 2023, Oct 27, 2023, Dec 8, 2023, Jan 26-27, 2024, March 1, 2024, May 3-4, 2024) and agree that failure to complete the program may result in our department covering an estimated \$1200 program fee.

Click here to enter text.