2019-20120 Leadership Development Academy
NOMINATION/APPLICATION FORM

Instructions:

Your application will be reviewed by the Ohio ACEP Membership and Leadership Development Committee. Please include your CV and any supplementary material that you would like the Committee to review concerning this nomination. You may also download a copy of the Nomination/Application Form at www.ohioacep.org/leadership

A complete application consists of three elements:

1. A completed application, which includes background and contact information, leadership experience in organized medicine or the community, and a statement of interest.

2. One letter of reference that speaks to the applicant's leadership performance or potential, and commitment to continued development.

3. A current CV.

Please return completed application and all requested information by May 28, 2019 to Laura Tiberi, Executive Director, LTiberi@ohacep.org.

Applicant Profile

Name of Nominee and Credentials:

Hospital/Physican Group Affiliation:

Number of years as a member in ACEP/EMRA:

Residential Mailing Address:

Preferred Phone: Cell Phone:

Preferred Email:

Applicant Questions (please attach)

1. Please list any state or national activities in which you have participated (leadership positions, committees, or task force involvement, etc.)

2. Please list any leadership positions in organized medicine that you have held

3. Please describe how your participation in the Leadership Development Academy might benefit you, your state, physican group, and/or hospital

4. Please describe your interest in the Leadership Development Academy, including why you should be selected by the Committee to participate

Applicant Submission Information

☐ YES, if selected, I agree to participate in all designated segments of the program

☐ YES, I have discussed my application with and have the support of my department director

☐ YES, my application is complete and a reference letter is on its way!