

## Application

Name \_\_\_\_\_

Degree/Certification (if any): \_\_\_\_\_

Title: \_\_\_\_\_

Organization (no acronyms): \_\_\_\_\_

Full Mailing Address (including City, State & Zip): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone (emergency) \_\_\_\_\_

Email: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

1. Do you currently work for a federally qualified health center?  Yes  No
2. Do you currently work for a Look-Alike FQHC?  Yes  No
3. If neither, what type of organization do you currently work for? \_\_\_\_\_
4. How many years/months have you been employed at a health center? \_\_\_\_\_ As a CEO? \_\_\_\_\_
5. Please provide a brief summary of your professional experience (including relevant experience prior to your current position or with a health center).  
**Optional:** include a copy of your current biographical sketch (no more than ½ page).

6. Please name 3-4 things related to strategic leadership that you most want to learn and apply from this Institute.

7. Please initial each item indicating your commitment to participate in all aspects of the CEO Leadership Institute.

\_\_\_\_\_ I will attend the **TWO required In-Person trainings** as part of the CEO Leadership Institute. These trainings will take place on **August 21-22, 2019 in Chicago, IL**, just after the NACHC Community Health Institute (CHI) & EXPO at the Hyatt Regency Chicago, **and on March 20, 2020, at the Alexandrian Hotel, Autograph Collection in Alexandria, VA**, just after the Policy & Issues Forum (P&I). If you do not attend these trainings you may not successfully complete the Institute. Registration for the larger NACHC conferences mentioned above is a separate process and expense from the Institute registration fee. All travel expenses and accommodations related to the Institute are your responsibility and are not included in the registration fee.

\_\_\_\_\_ I will actively participate in the CEO Leadership Institute Online Community on a weekly basis.

\_\_\_\_\_ I will prepare for and actively participate in each of the scheduled webinars/conference calls throughout the eight month Institute (two - three per month). If you do not attend at least 3/4ths of these activities, you may not successfully complete the Institute.

\_\_\_\_\_ I will actively engage with my assigned mentor group throughout the Institute.

\_\_\_\_\_ **I have received the endorsement and support of my Board of Directors to participate in ALL aspects of this learning opportunity, including travel commitments for the required in-person training sessions.**

If you cannot agree to **ALL FIVE** conditions above, please explain:

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8. Do you have any food allergies or dietary restrictions? If yes, please explain. \_\_\_\_\_

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Please type in your name as your e-signature \_\_\_\_\_

Return this completed form via email to: [trainings@nachc.org](mailto:trainings@nachc.org).  
Please indicate **NACHC CEO INSTITUTE APPLICATION** in the subject line

**OR**

Return the completed form via fax to: (301) 347-0459, Attention Gerrard Jolly

You will receive notification of your acceptance in the course and payment instructions within one week.

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