

HEALTH  
LEADERSHIP  
DEVELOPMENT

**HLD**

*Maine's Health Leaders*

**APPLICATION**

***2017- 2018 Class***

Please complete the application form and return it to the Daniel Hanley Center for Health Leadership (at the address below) by **May 19, 2017**. Refer to the end of the application for submission instructions.

**PLEASE NOTE:** The HLD Program will take place at two locations: Maple Hill Farm Conference Center in Hallowell and the Outward Bound Course in Maine. Both venues are ADA compliant.

**SECTION I: APPLICANT DATA** *(please type or neatly print)*

Name: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business e-mail address: \_\_\_\_\_

Home address: \_\_\_\_\_

Home email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ How long have you lived in Maine: \_\_\_\_\_ year(s).

Employment Status: Full-time  Part-time  Volunteer

Type of Organization: Hospital  Physician Practice  Public Health

Non-profit Agency  Insurer  Government  Law Firm  Consulting Firm

Academic Organization  Other  (please specify): \_\_\_\_\_

Date current employment began: \_\_\_\_\_ Number of years of professional experience: \_\_\_\_\_

**SECTION II: PERSONAL PROFILE**

- 1 Please attach a current resume or curriculum vitae.
- 2. The program is committed to building shared learning and trust among diverse leaders and across multiple interests. Please describe your unique strengths, background, attributes or dimensions of diversity that you would bring to the class? (100 words or less)

**SECTION III: STATEMENT OF PURPOSE**

- 1. Please describe what you hope to gain for yourself and your organization from the health leadership development program. (300 words or less)
- 2. We are seeking individuals with a record of accomplishment and leadership within an organization or at the community, statewide or professional association or society arenas. Please describe how you have, or are currently leading in Maine. (250 words or less)
- 3. We are seeking candidates who are personally committed to improving the future of health and healthcare in Maine. Please describe how you have expressed this commitment in your work or volunteer life, including how you demonstrate your passion for your work. In answering this question, also describe how you will use this experience to impact the future of health and health care in Maine. (250 words or less)

**SECTION IV: COMMITMENTS**

HLD Program participants are expected to clear their schedules and attend every session. Full participation in the Outward Bound session is mandatory because of the focus on building the class learning community. Absences in any session affect the development of the group and diminish everyone’s learning. While HLD staff will work with all participants to accommodate challenging schedules, we reserve the right to make graduation decisions contingent upon attendance.

Each participant is also involved in a team practicum project, which will require some work outside of class time.

If selected, I pledge to participate fully in the leadership development experience and will honor the time commitments required.

I am willing to make the following commitments if accepted as a HLD participant. Further, I understand that if I do not fulfill these commitments, my continued participation in the HLD Program will be reviewed by the Hanley Center.

- 1. I have read the HLD Materials and am able to commit the time necessary to attend all HLD Program activities including all meetings and training sessions. (On average, 2 days per month.)
- 2. I will be an active contributor to the HLD Program and participate in a team-based learning community.
- 3. I will fulfill all learning projects required by the program.
- 4. I will participate in the evaluation of the HLD Program
- 5. I agree to allow my picture to be taken during the Program and alumni activities for Hanley Center publications or displays.

*To be completed and signed by the applicant:*

I have read the required conditions of the **HLD Program** and I agree to all of the requirements described above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

**SECTION V: REFERENCES**

Please list three references (if you are not the CEO of your organization, one reference should be from your employer or sponsoring organization):

1. Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

**SECTION VI: ORGANIZATION COMMITMENT**

I have read the HLD program materials. As an individual authorized to represent our organization, I support this applicant's participation, which includes allowing him or her time off from assigned duties to attend all sessions of the HLD program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## SECTION VII: APPLICATION FEE

A **\$50** non-refundable application fee is required from all prospective applicants.

This fee is **not** applicable toward tuition balance and must be received in order for an application to be considered to be complete.

Checks should be made out to the **Daniel Hanley Center for Health Leadership**.

The completed application which includes this form with your signature, the Organization Commitment signature, the application fee, resume or CV, the answers to Questions in Section II & III can be mailed to **Hanley Center, 217 Commercial Street, Suite 406, Portland, ME 04101**.

Completed application forms can also be scanned and emailed to Jackie Buck at [jaclynbuck@hanleyleadership.org](mailto:jaclynbuck@hanleyleadership.org)

## SECTION VIII: TUITION INFORMATION

- ❑ Tuition for the Health Leadership Development 2017-2018 16-day leadership program is \$5,845, and includes all meals, instructional materials and Outward Bound experience. It does not include travel and the cost of overnight accommodations other than Outward Bound.
- ❑ Tuition assistance is available on a limited basis to ensure our ability to involve many dimensions of Maine's health and healthcare community. If seeking tuition assistance, please request the *Tuition Assistance Request Form*, **which must be submitted with your application**. Tuition Assistance will be awarded based on need and availability of resources. Tuition Assistance requests are confidential.
- ❑ Upon acceptance into the program you will be invoiced a non-refundable deposit to equal one third the cost of tuition which will hold your place in the class. Individuals receiving tuition assistance will be invoiced their minimum personal commitment (\$250). Acceptance letters will be mailed by the end of June.
- ❑ The balance of tuition will be invoiced mid July and is due 15 days from date of invoice. **No refunds** can be made after the invoice date unless the reserved space in the program can be filled. Individual payment plans can be arranged.
- ❑ Up until August 28, a 50% credit toward the following year's 16-day program will be issued for those who have a personal emergency requiring withdrawal from the program. Credits are non-refundable.

## SECTION IX: QUESTIONS ABOUT THE PROGRAM

*Questions about the program?* [www.healthleadershipmaine.org](http://www.healthleadershipmaine.org)

*Other questions?*

Please contact Kathy Vezina at [kathrynvezina@hanleyleadership.org](mailto:kathrynvezina@hanleyleadership.org) or 207-553-9854.

*This activity has been planned and implemented in accordance with the Essentials and Standards of the Maine Medical Association Committee on Continuing Medical Education and Accreditation through the partnership of Maine Medical Education Trust and Daniel Hanley Center for Health Leadership. The Maine Medical Education Trust is accredited by the Maine Medical Association to provide CME activities for physicians.*