

**GREAT BASIN PUBLIC
HEALTH LEADERSHIP
I N S T I T U T E**



Leadership for a Healthy Future
348 East 4500 South, Suite 300
Salt Lake City, UT 84107
435.632.8256 (phone)
801.892.0160 (fax)

Program Application (2011-12)
(Please Print or Type)

SECTION I: Personal and Organization/Employer Information

1. Applicant's Name:

2. Mailing Address:

3. Telephone Numbers:

Daytime	()
Evening	()
Cell	()

4. E-mail Address:

5. Organization/Employer:

6. Organization/Employer Address:

7. Type of Organization: (check one)

- State Government Local Government
 Corporate (for profit) Corporate (not for profit)
 Other (please specify)_____

8. Primary Role of Organization: (check one)

- Community-Based Public/Environmental Health
 Healthcare Human Services
 Public Safety Other (please specify)_____

9. Job Title:

10. Gender: Male Female

11. Educational Background:

DEGREES EARNED	YEAR EARNED	SCHOOL

12. Years of Leadership Experience:

13. Number of people reporting directly to you:

14. Length of time in current position (years):

15. Length of time employed in the field of Public Health:

16. Ethnicity: (optional)

- White Hispanic
 African-American Native American
 Asian/Pacific Islander Other (please specify)_____

17. Party/organization responsible for paying program tuition:

18. How did you learn about this program? (check all that apply)

- Assessment survey Website
 Presentation Colleague
 Brochure Other (please specify)_____

SECTION II: Personal Profile

The following required items must be submitted with the completed application and must be received by the Institute before your application will be considered.

✓ **RESUME**

Please attach a resume or curriculum vitae and include your current leadership experience and your primary responsibilities. If you have teaching experience, please indicate the title and include a brief course description as well as location of course(s) taught. Memberships in professional organizations, including offices held, professional honors, awards or fellowships, educational history, listing of publications in peer reviewed journals, and presentations (including poster sessions) should also be included.

✓ **RECOMMENDATIONS**

Please arrange for two letters of recommendation to be submitted in support of your application. At least one letter should be from your employer. Letters and questions (as well as the application form and supporting materials) should be addressed to:

Great Basin PHLI, Scholar Applications
348 East 4500 South, Suite 300
Salt Lake City, UT 84107
Inquiries: Phone (435) 632-8256; Fax (801) 892-0160;
Email jgaufin@healthinsight.org

Applications must be received by: March 1, 2011 (5:00 PM)

If you fax your application packet, you must still send the original package to the address listed above by March 1, 2011. If you have trouble meeting this deadline, please call to make arrangements for a later submission.

SECTION III: Essay

On a separate sheet of paper please write in 300 words or less what you hope to gain for yourself, your organization, and/or community with your attendance in the leadership program. Please share your concept of leadership and describe your leadership style. Finally, describe your personal vision of public health.

SECTION IV: Leadership Project

As a scholar with the Institute you are required to lead a project that will address a public health challenge. The goal of the project is to provide and opportunity for you to develop and practice collaborative leadership skills. If you already have an idea for your project, please describe it in the space below. If not, you will have an opportunity to select a project during the first on-site session. (Use an additional sheet if necessary)

SECTION V: Scholar Responsibilities

To be signed by applicant:

Scholars are expected to complete every component of the program. The first on-site retreat sets the stage for the year-long experience and is mandatory. Any scholar not attending the first session will be dropped from the program and considered for enrollment in the next year's class. If the scholar misses a majority of one of the other sessions, he/she will be given an opportunity to complete that session the following year. He/she will not be considered a graduate of GBPHLI until that make-up session has been completed.

I am willing and able to make the following commitments if invited to be a scholar of the Institute. Further, I understand that if I do not fulfill these commitments, my continued participation will be reviewed by the selection committee.

Please check box if you agree to the following statements

1. I will commit the time necessary to attend all Institute events and fulfill the program assignments within the required time frames.
2. I will be an active contributor to the Institute and agree to actively participate in all events and group learning projects.
3. I will participate in the evaluation activities of the Institute.
4. I have or will have access and adequate hardware and software to participate in the distance-learning activities of the Institute.
5. I will commit to serve as a mentor.
6. I agree to allow my subordinates, peers, etc. to give feedback on my leadership style.

As an applicant for the Great Basin Public Health Leadership Institute (herein after referred to as the Institute), I have read the description of "Scholar Responsibilities" and hereby commit and agree to all of the conditions and requirements of the Institute.

As a marketing tool, I authorize the use of my name and photo as a participant in the program and in evaluations of the program. I understand that as a part of this program I may participate in the creation of web pages that may contain information about me, and I authorize the release of this information.

I understand that my acceptance into the Institute is conditional upon my concurrence with and signature on a waiver, release, covenant not to sue, and indemnity agreement protecting the Institute, its faculty, staff, governing board, subcontractors, and fiscal agents from the consequences of any unintentional harm.

Signature: _____

Title: _____

Print or Type Name: _____

Date: _____

SECTION VI: Nomination

To be completed and signed by applicant's supervisor:

As the immediate supervisor of _____, I have read the description of "Scholar Responsibilities." I agree to allow him/her time off from regular assigned duties to attend all events of the yearlong leadership program. (The supervisor and applicant will agree on how to account for the excused time, i.e., off with pay, vacation time, personal leave, etc.) I further agree to support the applicant's efforts to secure the tuition for his/her participation in the Institute. I understand that transportation to and from the Institute events is the responsibility of the individual applicant and/or their organization. I further understand that if a scholar withdraws from the program at any point after formal acceptance, any expenses incurred on his/her behalf cannot be refunded and will be deducted from the tuition fee. Scholar substitutions will be accepted with the approval of the selection committee up to one month before the state of the first retreat.

Signature: _____

Title: _____

Print or Type Name: _____

Telephone: () _____

Date: _____

The Great Basin Public Health Leadership Institute strives to have a diverse class composition of public health leaders.

(application 2011-12)