



2015-2016 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.ohacep.org/leadership

Applicant Profile:

Name of Nominee & Credentials: _____

Hospital/Physician Group Affiliation: _____

Number of years as a member in ACEP/EMRA: _____

Residential Mailing Address: _____

Preferred Phone: _____ Preferred email: _____

Applicant Questions: (Please attach)

1. Please list any state or national activities in which you have participated (leadership positions, committee 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 your state, physician 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 elements of the program
- YES, I have discussed my participation with and have the support of my department director
- YES, I have asked my department director to submit a **letter of support** by mail or e-mail by **April 30, 2015**

Signature of Nominee _____ Date _____

Please return completed nomination form, CV, and supplemental material by April 30, 2015 to:

Kelley Shively, LDA Staff Liaison
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