



**2017-2018 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](http://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 email by **Feb 15, 2017**

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed nomination form, CV, and supplemental material by Feb 15, 2017 to:**

Kelley Shively, LDA Staff Liaison  
Ohio Chapter ACEP  
3510 Snouffer Road, Suite 100  
Columbus, OH 43235  
[kshively@ohacep.org](mailto:kshively@ohacep.org)