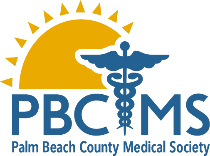
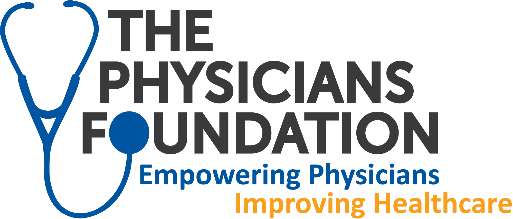
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**Call for**

**applications**

**Supported by a Grant from**



**Physician Leadership Academy (PLA) of South Florida 2018 - 2019**

**application Submission Deadline: September 15, 2018**

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| --- | --- | --- | --- |
| The PLA, held under the auspices of Palm Beach County Medical Society/Services in collaboration with the Broward County Medical Association and Dade County Medical Association, is funded through a grant from The Physicians Foundation and is endorsed by the Florida Medical Association.  **Please Note: 1.** Prior leadership experience is not required by the applicant to submit the Application.  **2**. While a **CV or resume must be attached**, **please do not write “see attached CV”** in response to any  section in the Application.  **3.** The application can be filled out electronically and emailed along with any supplementary  materials.  **Session Dates:**   |  |  |  | | --- | --- | --- | | **Session 1 – PLA Retreat**  Saturday November 3rd | **Session 2**- Saturday, January 12th  **Session 3** - Saturday, February 2nd  **Session 4** - Saturday, March 16th | **Session 5-** Saturday, April 13th  **Session 6** - Saturday, May 11th  **Session 7 -** Saturday, June 1st | |
| **Name of Nominee:**  **Mailing Address**:  **City:**      **ZIP:**  **Phone:**       **Email:**  **Fax:**       **Cell:**  **Age** (please check):**25 to 40** **41 to 60** **61 plus**  **Ethnicity/Race Nationality - optional** (please check all that apply)**:**  American Indian/Native American Asian, Asian American or Pacific Islander  Black or African American White/Non-Hispanic Hispanic or Latino Multiracial |
| **Name and Location of Medical School:**  **License Number       Specialty**  **Primary Practice Type** (please check all that apply):  Private/Solo Private Group Health System Employed Academic Administrative Retired |
| **Currently member of which county Medical Association/Society:** Broward Dade Palm Beach  **Number of** **years as a county Medical Association/Society member**  **Currently a member of which specialty society** (societies) and number of years with each:  **List any Medical Society/Association or specialty society activities in which the nominee has participated**  (i.e. committee member, section member, etc.) **and or held a leadership position** (i.e. officer, committee chair, delegate, etc.).  **List membership(s) in other Medical Association(s).** |
| **List any leadership positions held in the community or other organizational involvement.** |
| **Please describe your interest in the PLA including why you should be selected by the Advisory Committee**  **to participate** (please attach additional sheets if necessary).  **Please describe how your participation might possibly benefit your county’s Medical Association/Society, specialty society or community organization.**  **Please include supplementary materials you would like the Advisory Committee to review concerning this nomination.** |
| **If selected, I agree to participate fully in all required educational and networking sessions of the PLA and complete the Leadership Project as specified in the Program Announcement. I understand that if I miss more than one session during the 2018-2019 year, I will make up the session(s) during the following year and graduate with the next class.**  **Nominee’s Initials:** **Date:** |
| **Please return the completed Nomination Application along with CV and supplementary materials by September 15th via:**  **Email (preferred):**  Karenh@pbcms.org  **Mail:** PLA Advisory Committee c/o Palm Beach County Medical Society  3540 Forest Hill Boulevard Suite 101 West Palm Beach, FL 33406  **Fax:** 561-433-2385 att: PLA Advisory Committee |