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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:**

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| **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  |

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| **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 Society3540 Forest Hill Boulevard Suite 101 West Palm Beach, FL 33406 **Fax:** 561-433-2385 att: PLA Advisory Committee  |