KENTUCKY PHYSICIANS LEADERSHIP INSTITUTE

**2018 Program Application**

## The Kentucky Physicians Leadership Institute, an initiative of the Kentucky Foundation for Medical Care and the Kentucky Medical Association, is designed to enhance the leadership skills of physicians who can fill emerging leadership roles and influence health care policy in the ever-evolving world of medicine. The KPLI is offered as part of our leadership initiatives – which include the KMA Community Connector Leadership Program, the KMA Medical Student Outreach and Leadership Program and the Kentucky Physicians Leadership Academy, held each year during the KMA Annual Meeting.

**SECTION A – NOMINEE PROFILE**

|  |  |  |
| --- | --- | --- |
| Last name: | First name: | M.I.: |
| Preferred Mailing Address: |  | Apartment/Unit No.: |
| City: | State: | ZIP: |
| Preferred Phone Number: | Email: |  |

### How did you learn about KPLI?

**SECTION B – BACKGROUND INFORMATION**

**Leadership Experience**

Please list up to four medical-related leadership positions you currently hold or have previously held (e.g. chief of staff, supervisor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Leadership Positions:** | | | |
| City: | State: | From: | To: |
| City: | State: | From: | To: |
| City: | State: | From: | To: |
| City: | State: | From: | To: |

Please list up to four non-medical organizations of which you are or have been a leader or a member (e.g. Chamber of Commerce, Rotary Club).

|  |  |  |  |
| --- | --- | --- | --- |
| **Organizations:** | | | |
| City: | State: | From: | To: |
| City: | State: | From: | To: |
| City: | State: | From: | To: |
| City: | State: | From: | To: |

One of the goals of the Kentucky Physician Leadership Institute is to build a sustainable network of physician leaders who can enhance their problem-solving and other leadership abilities through shared perspectives and working together.

Describe the most notable opportunity and most significant challenge facing health care in Kentucky today.

**Opportunity:**

**Challenge:**

# SECTION C – REFERENCES

Please list two references. Include valid email address and phone number for each reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | Relationship: |  |
| Company/Organization/Practice: | | | |
| Address: |  | Email: |  |
| City: | State: | ZIP: | Phone: |

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | Relationship: |  |
| Company/Organization/Practice: | | | |
| Address: |  | Email: |  |
| City: | State: | ZIP: | Phone: |

# SECTION D – TUITION INFORMATION

Tuition for the KPLI is **$2,995** and includes meals, hotel and all course materials during the program. Payments, along with this application, should be mailed to the Kentucky Foundation for Medical Care, Hurstbourne Place, 9300 Shelbyville Rd, Suite 850, Louisville, KY 40222 by **February 28, 2018**.

# SECTION E – 2018 SCHEDULE

### **The Personal Side of Leadership** Friday, July 13-Saturday, July 14 Introduces participants to many of the critical communication skills associated with being an effective leader. Emphasis placed on how to use those skills.

**The Business of Leadership**Friday, July 27-Saturday, July 28 Introduces participants to the structure and language of business. Participants gain an understanding of components of health care organizations.

**From Leadership to Advocacy** Friday, Aug. 10-Saturday, Aug. 11 Introduces participants to the critical role advocacy plays in ensuring access to health care at the community level.

**Leadership in Action**

Saturday, Aug. 25 (At KMA Annual Meeting) Provides participants with an opportunity to engage in an in-depth analysis of a key issue facing health care today. Designed to complement other modules.

**SECTION F – COMMITMENT** I certify that all information I have provided in this application is complete and true. If selected, I am fully prepared to be an active participant by attending all sessions, being fully involved and devoting the time and resources required to complete the Kentucky Physicians Leadership Institute.

### Applicant’s Signature Date:

A participant’s registration may be canceled if the participant is not a member of the Kentucky Medical Association as of June 1, 2018. To ensure maximum participation and enhance the experience for all attendees, participants must attend all sessions in order to complete the course and receive certification. No refund will be provided for missing any or all of the scheduled classes and events.

Participants must be willing to sign a confidentiality agreement certifying they will not reveal any proprietary information that may be shared during the course.

# KPLI IS A PROGRAM OF

