WYOMING

w MEDICINE

Physician Application

The WMS Wyoming Leaders in Medicine, Physician Leadership Academy is a seven session leadership development program that takes place over nine months. Designed to build and enhance leadership skills of physicians, this program prepares participants to fill emerging leadership roles and influence healthcare policy.

Wyoming Leaders in Medicine - Advisory Council and Selection Committee
Wyoming Medical Society Executive Office
P.O.Box 4009
Cheyenne, WY 82003
Sheila@wyomed.org

1. PERSONAL					
SECTION A - NOMINEE PROFILE					
Last Name:	First Name:	MI:	Degree/Title:		
Mailing Address:		Apt./Unit No:			
City:	State:	Zip:			
Phone:	Email Address:				
Cnty Medical Society:	Specialty Society (if app	Specialty Society (if applicable):			
☐ Employed by a hospital ☐ Independent physician ☐ Other (please specify):	g categories which best describe / clinic (indicate employing orga	anization):	oloyment situation:		
SECTION B - APPLICA	TION SUPPORT DOCUME	NTS			
Please check the boxes to in	ndicate you have included the fo	ollowing as part of	your application:		
☐ CV (Used for WMS reco	rds and scholar selection purpo	ses only)			

SECTION C - BACKGROUND INFORMATION

2. LEADERSHIP EXPERIENCE

Please list up to four county, specialty, and/or WMS activities (e.g., committee member, component member), or leadership positions (e.g., committee chair, AMA deleate, officer) in which you currently participate or have previously participated.

Activities/Leadership Positions		
	From:	То:

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

Leadership Positions				
	City:	State:	From:	То:
	City:	State:	From:	То:
	City:	State:	From:	To:
	City:	State:	From:	To:

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

Organization				
	City:	State:	From:	To:
	City:	State:	From:	To:
	City:	State:	From:	To:
	City:	State:	From:	То:

Please state briefly any contributions, achievements, or recognitions which you consider significant, including how you exhibited a leadership role.

3. LEADERSHIP

We are interested in your personal reflection on leadership. There is no right or wrong answer. **What is leadership?**

Please tell us what specific skills/knowledge you hope to gain from your Physician Leadership Academy experience; and in return what contribution/gifts/talents you feel you could bring to the program.

4. STATEWIDE PERSPECTIVE

One of the goals of the WY Leaders in Medicine Physician Leadership Academy 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 threat facing healthcare in Wyoming today. **Opportunity:**

Threat:

5. REFERENCES	
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Please list two references, one must be a physician. Please notify these people that they may be contacted by the selection committee for further information.

3		
Full Name:		Relationship:
Company, organization or practice:		
Address:	City:	Zip:
Phone:	Email Address:	

Full Name:		Relationship:	
Company, organization or practice:			
Address:	City:	Zip:	
Phone:	Email Address:		





SUBMIT:

- Application Form (Please review for completeness)
- CV

Wyoming Leaders in Medicine - Physician Leadership Academy C/O Wyoming Medical Society Executive Office P.O. Box 4009 Cheyenne, WY 82003 sheila@wyomed.org

APPLICATIONS MUST BE RECEIVED NO LATER THAN August 15, 2017

Participants are selected by the WLM Physician Leadership Academy Selection Committee on the merits of the information provided on this application. The Committee seeks representation from a cross-section of the community including rural, urban, business, non-profit, government, gender, and ethnic and minority groups. **Information on this application is used to add diversity and balance to the class. It is not available for any other purpose.**

CONFIRMATION WILL BE SENT BY EMAIL UPON RECEIPT OF APPLICATION

20 successful applicants will be notified by September 1, 2017. Full tuition payment of \$2,000 is due September 30, 2017

