# Leadership Institute Application

APPLICATION AND INSTRUCTIONS:

Applications must be submitted along with all supporting documents by June 1st, 2025. Please email your completed applications including all supporting documents to Barbara Kelly [e-mail: bkelly@bkellyphd.net].

For more information, contact the 2025-2026 FACP Leadership Chairs:

Rosaria Upchurch

Email: rosariaupchurch@gmail.com

Phone: 386-252-3414

Pam Master

Email: pam@masterscdc.com

Phone: 386-271-8044

Barbara Kelly

Email: bkelly@bkellyphd.net

Phone: 407-951-8812

Please complete the following application. If you need more room, please complete your answers on a separate page and please be sure to attach it upon completion.

1. **Applicant**

| Name: |  |
| --- | --- |
| Mailing Address: |  |
| Phone Number: |  |
| Email: |  |
| Profession: |  |
| Firm/Employer: |  |

1. **Nominating Practice Group**

| Practice Group Name: |
| --- |
|  |
| Name of Contact from Practice Group: |
|  |
| Contact Telephone Number: |
|  |
| Contact Email: |
|  |
| Leadership Positions You Have Held in Your Practice Group: |
|  |
| Other Practice Group Affiliations: |
|  |

1. **Community Involvement**

| Please list your memberships and positions with community organizations in the past 5 years. (These may be related or unrelated to your Collaborative work. If these are included on your CV, you do not need to repeat them here): |
| --- |
|  |
| List when you completed a 2-day Introductory Collaborative Training, where you completed it, and the name of the trainers/training group: |
|  |

1. **Getting to Know You**

| Please tell us three things about yourself that you would like us to know.  |
| --- |
|  |
| Please tell us about your interest in Leadership?  |
|  |
| What do you hope to gain from the Leadership Institute? |
|  |
| Do you have any reservations or concerns? |
|  |
| Is there anything else you would like us to know? |
|  |

1. **CV**

| Please Attach Your CV to this Application |
| --- |
|  |

1. **Letters of Recommendation**

Please provide two letters of reference/recommendation. One must be from your Practice Group President or Chair.

| Applicant Signature: |  |
| --- | --- |

| Date: |  |
| --- | --- |