

L.A. Care Provider Leadership Program Application

Thank you for your interest in L.A. Care's Provider Leadership Program! Please complete and submit your application by 5:00 pm PT on Friday, March 25, 2022. Please submit your application, a copy of your resume/CV, and Letter of Support to Mpucciarello@chcs.org. A Letter of Support template is available for download on our program website www.lacare.org/plp. Questions can be directed to Madeline Pucciarello, CHCS Program Officer, at Mpucciarello@chcs.org.

Program Eligibility

1 Do you work at a Federally Qualified Health Center (FQHC), FQHC look-a-like, or not-for-profit community clinic in Los Angeles County that contracts with L.A. Care?

- a. Yes
- b. No

2 Please select your clinical profession from the list below:

- | | |
|---|--|
| <input type="checkbox"/> a. Physician Associate | <input type="checkbox"/> e. Dentist |
| <input type="checkbox"/> b. Nurse Practitioner | <input type="checkbox"/> f. Pharmacist |
| <input type="checkbox"/> c. Licensed Clinical Social Worker | <input type="checkbox"/> g. Physician |
| <input type="checkbox"/> d. Behavioral Health Provider | <input type="checkbox"/> h. Other, please describe below |

For other, please describe here:

Contact Information

First Name: _____ Last Name: _____

Credential(s)/Degree(s): _____

Job Title: _____

Length of Employment in your Current Position; _____

Organization: _____

Work Address Line 1: _____

Work Address Line 2: _____

Contact Information *(Continues)*

City: _____ State: _____ Zip Code: _____ County: _____

Primary E-mail Address: _____

Primary Phone Number: _____

Demographics

1 How do you describe your gender?

- a. Male b. Female c. I prefer not to say d. Other, please describe below

For other, please describe here:

2 Which of these categories best describe your racial/ethnic background? *Choose all that apply.*

- a. American Indian or Alaska Native
 b. Asian/Pacific Islander
 c. Black or African American
 d. White, Hispanic
 e. White, non-Hispanic
 f. Other, please describe below

For other, please describe here:

3 How did you learn about this program?

- a. E-mail from Community Clinic Association of Los Angeles County
 b. Past Physician Leadership Program participant
 c. My supervisor/CEO/COO/other executive
 d. Another colleague
 e. E-mail from L.A. Care
 f. Facebook/Twitter/LinkedIn
 g. Website, please describe below
 h. Newsletter, please describe below
 i. Other, please describe below

For other, please describe here:

Vision for Program Participation *(open responses)*

- 1 What experience and how many years, if any, do you have managing staff or managing complex projects/initiatives?
- 2 Describe your present duties and responsibilities.
- 3 How would you characterize your leadership strengths? How have they served you in your career?
- 4 What specific leadership skills do you hope to acquire or enhance by participating in this program? How would these skills improve your impact as a leader?
- 5 How do you anticipate your participation will benefit: (1) your team; (2) your organization; and (3) the patients you serve?
- 6 How do you see your participation in the PLP supporting the advancement of equity in your daily work? Your organization's work?

Leadership Project Proposal *(open responses)*

This program requires you to undertake an organization or team-based leadership project. Some topics examples from previous participants include: improving access to testing and treatment; team huddles and communication; opening a new clinical site; population health management; crisis management and burn out prevention; establishing a comprehensive database; introducing patient portals, among others.

- 1 What would you propose as the focus of your leadership project ? In your answer, describe the problem you wish to address and what success for this project would look like for you, your organization, and your patients. Please note that leadership project topics can be refined after acceptance into the program.
- 2 How would this project help you achieve your personal leadership development goals?

Leadership Project Proposal *(open responses) Continues*

- 3** How do you hope to engage organizational leadership and/or others to accomplish your proposed leadership project?
- 4** How could your proposed project help advance equity and/or promote health equity outcomes for community members?

Supervisor/Organizational Sponsor

Participation in L.A. Care's Provider Leadership Program requires sponsorship from your supervisor or another organizational sponsor. An organizational sponsor supports the applicant by supporting time to attend all seminars, complete related assignments, and support the applicant's organizational leadership project.

Supervisor First Name: _____

Supervisor Last Name: _____

E-mail Address: _____

Primary Phone Number: _____

- 1** Do you have the support of your supervisor or another organizational sponsor to fully participate in the PLP? *A letter of support is required for acceptance into the program.*

- a. Yes
- b. No
- c. Other, please describe

For other, please describe here:

- 2** Please email your application, resume/CV, and supervisor/organizational sponsor letter of support to mpucciarello@chcs.org. All materials are required for final acceptance into the program.
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Thank you for submitting your application for L.A. Care's Provider Leadership Program!