

## L.A. Care Provider Leadership Application Narrative

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, October 4, 2024. Please submit this application narrative, a copy of your resume/CV, and a letter of support via the [JotForm application link](#). A Letter of Support template is available for download on our program website [www.lacare.org/plp](http://www.lacare.org/plp). Questions can be directed to Disha Williams, CHCS Program Officer, at [dwilliams@chcs.org](mailto:dwilliams@chcs.org).

### Contact Information

Applicant’s Name: Applicant’s Pronouns: <i>(optional)</i>	
Credential(s)/Degree(s):	
Job Title:	
Length of Employment in your Current Position:	
Organization:	
Direct Reports: Yes <input type="checkbox"/> If yes, how many? No <input type="checkbox"/>	
Mailing Address:	
E-mail Address:	
Phone Number:	
Assistant’s Name: <i>(if applicable)</i>	
Assistant’s Phone Number: <i>(if applicable)</i>	
Assistant’s Email Address: <i>(if applicable)</i>	



## Vision for Development (open responses)

Applicants should provide a brief statement for the following prompts:

- **Vision for Self:**
  - Describe your individual strengths as a leader.
  - Identify opportunities for growth.
  - Explain how participating in PLP would support your development.



- **Vision for Organization:**

- Explain how your participation in PLP can benefit your organization.
- How do you practice inclusion in your leadership and what might be helpful to learn in this area?



- **Vision for Patient Care:**

- Describe how your participation in PLP can benefit the patients you serve.
- How do you see your participation in the PLP supporting the advancement of equity in your daily work, your organization's work, and/or promote more equitable health outcomes for community members?



## 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; instituting team huddles and communication processes; opening a new clinical site; instituting new population health management strategies to reduce disparities in health outcomes; enhancing crisis management and burn out prevention efforts within a health center; building new partnerships with community-based organizations, 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?

3. How do you hope to engage organizational leadership and/or others to accomplish your proposed leadership project?



### **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:	

