

# CALL FOR APPLICATIONS



## PHYSICIAN LEADERSHIP ACADEMY (PLA) OF SOUTH FLORIDA 2024 APPLICATION SUBMISSION DEADLINE: February 2, 2024

The PLA, held under the auspices of Palm Beach County Medical Society/Services in collaboration with the Broward County Medical Association and Dade County Medical Association, is funded through a grant from The Physicians Foundation and is endorsed by the Florida Medical Association.

- Please Note:**
1. Prior leadership experience is not required by the applicant to submit the Application.
  2. While a **CV or resume must be attached**, please do not write "see attached CV" in response to any section in the Application.
  3. The application can be filled out electronically and emailed along with any supplementary materials.

### Session Dates:

Session 1 – PLA Retreat Saturday April 13, 2024	Session 3 - Saturday August 10, 2024	Session 5- Saturday October 19, 2024
Session 2- Saturday May 11, 2024	Session 4 - Saturday September 14, 2024	Session 6 - Saturday November 16, 2024

### Name of Nominee:

### Mailing Address:

City: ZIP:

Phone: Email:

### Fax:

Age (please check):  25 to 40  41 to 60  61 plus

### Ethnicity/Race Nationality - optional (please check all that apply):

- American Indian/Native American  Asian, Asian American or Pacific Islander  
 Black or African American  White/Non-Hispanic  Hispanic or Latino  Multiracial

### Name and Location of Medical School: \_\_\_\_\_

License Number: Specialty:

### Primary Practice Type (please check all that apply):

- Private/Solo  Private Group  Health System Employed  Academic  Administrative  Retired

Currently member of which county Medical Association/Society:  Broward  Dade  Palm Beach

### Number of years as a county Medical Association/Society member

Currently a member of which specialty society (societies) and number of years with each:

### List any Medical Society/Association or specialty society activities in which the nominee has participated

(i.e. committee member, section member, etc.) and or held a leadership position (i.e. officer, committee chair, delegate, etc.).

\_\_\_\_\_

List membership(s) in other Medical Association(s)

List any leadership positions held in the community or other organizational involvement. \_\_\_\_\_

Describe your interest in the PLA including why you should be selected by the Advisory Committee to participate (please attach additional sheets if necessary).

Describe how your participation might possibly benefit your county's Medical Association/Society, specialty society or community organization.

Include supplementary materials you would like the Advisory Committee to review concerning this nomination.

If selected, I agree to participate fully in all required educational and networking sessions of the PLA and complete the Leadership Project as specified in the Program Announcement. I understand that if I miss more than one session during the 2024 year, I will make up the session(s) during the following year and graduate with the next class.

Nominee's Initials: Date:

Please return the completed Nomination Application along with CV and supplementary materials by February 2<sup>nd</sup> via:

Email (preferred): Karenh@pbcms.org  
 Mail: PLA Advisory Committee c/o Palm Beach County Medical Society  
 3540 Forest Hill Blvd Suite 101 West Palm Beach FL 33406  
 Fax: (561) 433-2385 Attn: PLA Advisory Committee/Karen Harwood