

CALL FOR APPLICATIONS



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PHYSICIAN LEADERSHIP ACADEMY (PLA) OF SOUTH FLORIDA 2019 - 2020 APPLICATION SUBMISSION DEADLINE: August 23, 2019

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 October 26th	Session 2- Saturday November 23rd Session 3 - Saturday January 25th Session 4 - Saturday February 29th	Session 5- Saturday March 28th Session 6 - Saturday April 25th Session 7 – Saturday May 22nd
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Name of Nominee: _____

Mailing Address: _____

City: _____ **ZIP:** _____

Phone: _____ **Email:** _____

Fax: _____ **Cell:** _____

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 2019-2020 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 September 15th via:

Email (preferred): Karenh@pbcms.org

Mail: PLA Advisory Committee c/o Palm Beach County Medical Society
3540 Forest Hill Boulevard, Suite 101, West Palm Beach, FL 33406

Fax: 561-433-2385 Attn: PLA Advisory Committee