

CALL FOR APPLICATIONS



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PHYSICIAN LEADERSHIP ACADEMY (PLA) OF SOUTH FLORIDA 2023- 2024

APPLICATION SUBMISSION DEADLINE: July 28th, 2023

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 September 9 th , 2023	Session 2- Saturday October 14th, 2023 Session 3 - Saturday November 18th, 2023 Session 4 - Saturday January 13th, 2024	Session 5- Saturday February 10th, 2024 Session 6 - Saturday March 9th 2024
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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 2021-2022 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 July 28th 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) 561-433-2385 Attn: PLA Advisory Committee/Karen Harwood