

# CALL FOR APPLICATIONS



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Broward  
County  
Medical  
Association  
ESTABLISHED 1926



dcma  
DADE COUNTY  
MEDICAL ASSOCIATION  
Miami, Florida 33130  
FOUNDED 1920  
SOUTH FLORIDA MEDICAL SOCIETY

## PHYSICIAN LEADERSHIP ACADEMY (PLA) OF SOUTH FLORIDA 2020 - 2021 APPLICATION SUBMISSION DEADLINE: December 11<sup>th</sup>, 2020

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:

<b>Session 1 – PLA Retreat</b> Saturday January 16 <sup>th</sup>	<b>Session 2 - Saturday February 13<sup>th</sup></b> <b>Session 3 - Saturday March 13<sup>th</sup></b> <b>Session 4 - Saturday April 10<sup>th</sup></b>	<b>Session 5- Saturday May 15<sup>th</sup></b> <b>Session 6 - Saturday June 12<sup>th</sup></b> <b>Session 7 – Saturday July 10<sup>th</sup></b>
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**Name of Nominee:**

**Mailing Address:**

**City:** **ZIP:**

**Work 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 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 2020-2021 year, I will not qualify for graduation with the 2021 class.**

**Nominee's Acknowledgement of Requirements Please Initial: \_\_\_\_\_ 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 Blvd Suite 101 West Palm Beach FL 33406

**Fax:** (561) 433-3940 Attn: PLA Advisory Committee