

Ohio Chapter, American College of Emergency Physicians

2011 LEADERSHIP DEVELOPMENT ACADEMY

NOMINATION/APPLICATION FORM

Instructions: This nomination will be reviewed by the OHIO ACEP Leadership Development Committee. Please print legibly or type the information requested. Attach additional sheet(s) of paper if necessary to supplement your answers. Please do not write "see attached C.V."

Nominee Profile:

Name of Nominee: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Hospital/Physician Group Affiliation: _____

Number of years as a member of ACEP/EMRA: _____

Please list any state or national activities in which the applicant/nominee has participated (leadership positions, committee or task force involvement, etc.):

Please list any leadership positions in organized medicine held by the nominee/applicant:

Please describe how your participation in the Leadership Development Academy might benefit your state, physician group and/or hospital:

Please describe your interest in the Leadership Development Academy, including why you should be selected by the Committee to participate:

We would like to adjust the final details of the program with you in mind. Please rank your top 3 areas of interest with 1 being the most interested in:

- Advocacy at the state level Understanding My Medical Society
- Advocacy at the national level Leadership Opportunities at Ohio ACEP
- Public Speaking or Media Relations Skills Leadership Opportunities within the National College
- Committee Membership:
 - Education Reimbursement EMS Government Affairs

If selected, I agree to participate in all designated elements of the Leadership Development Program.

YES

I have discussed my participation with and have the support of my department director.

YES

I have asked my department director to submit a letter of support by mail or e-mail no later than November 30, 2010. (to kshively@ohacep.org attn: Leadership Development Committee)

YES

Signature of Nominee _____ Date _____

Please include your CV and any supplementary material you would like the Committee to review concerning this nomination.

Please return completed nomination form by November 30, 2010 to:

**Laura Tiberi, Executive Director
Ohio Chapter, American College of Emergency Physicians
3510 Snouffer Rd #100
Columbus, Ohio 43235**