

# PUBLIC HEALTH LEADERSHIP ACADEMY

building Georgia's culture of health

## 2018 COHORT APPLICATION PACKET

Applications due November 17, 2017



UNIVERSITY OF  
**GEORGIA**

J.W. Fanning Institute for Leadership Development  
College of Public Health Office of Outreach and Engagement

### What is the Public Health Leadership Academy?

The College of Public Health, with support from Georgia Power, has partnered with the J.W. Fanning Institute for Leadership Development at the University of Georgia, to offer the 2018 Public Health Leadership Academy (PHLA). PHLA provides training for individuals from across the state with the goal of advancing leadership skills to foster a culture of health in their communities.

The mission of the Public Health Leadership Academy is to improve the health of Georgians by increasing the capacity of leaders to transcend boundaries and work collaboratively, while transforming the health of their communities. The economic vitality of a community is directly impacted by the health and healthcare costs of its children, families, workforce, and seniors.

### When is the PHLA application due?

All applications and supporting materials are due by November 17, 2017. We cannot accept incomplete applications.

### How do we submit our PHLA application?

All applications and supporting materials should be mailed to:

Dr. Marsha Davis  
Associate Dean for Outreach and Engagement  
College of Public Health  
University of Georgia  
Health Sciences Campus  
105 Spear Road, 116 Rhodes Hall  
Athens, GA 30602

### When will we be notified if we are accepted into the 2018 PHLA cohort?

You will be notified by December 15, 2017, if you are accepted into the 2018 cohort.

### What is the fee for PHLA?

The 2018 PHLA is partially funded by Georgia Power support through the College of Public Health. Your cost to participate in PHLA is \$500, which includes all materials for the program, as well as some of the meals. Payment is due January 15, 2018.

### Is financial assistance available?

At this time, we do not have additional funding available to provide stipends.

### What is the refund policy?

No refunds will be issued after February 15, 2018.

### What is the schedule for PHLA?

All sessions will be held in Athens. Sessions will begin at 1:00 pm on the first day and end at 4:00 pm on the second day. Dates of the academy are:

February 27-28, 2018

April 24-25, 2018

June 26-27, 2018

August 21-22, 2018

October 17-18, 2018

If you have any questions, please contact Dr. Marsha Davis at [davism@uga.edu](mailto:davism@uga.edu) or 706-542-4042.

## Applicant Information

### Applicant's Personal and Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Applicant's Professional History:

Organization or Place of Employment: \_\_\_\_\_

Type of Industry: \_\_\_\_\_

Job Title: \_\_\_\_\_

Numbers of Years in Current Position: \_\_\_\_\_

Post-Secondary Education Degree: \_\_\_\_\_

## Additional Information

In support of your application, please include in your submission packet, a narrative that addresses the following questions. (maximum of two double spaced pages)

- Why do you want to participate in the PHLA?
- What are the leadership skills you hope to gain from the PHLA?
- What role do you currently have or want to have in influencing the health and wellbeing of your community members?

## Participant Responsibilities

Participants must commit the time, effort, and resources required to complete the eight training sessions, as well as related readings, assignments, and project planning activities between sessions.

- I will commit the time necessary to attend all Leadership Academy training sessions and fulfill program requirements.
- I understand that I will be required to remain on-site throughout (day/evening) the entire duration of the six scheduled training sessions.
- I will ask for and obtain support from my employer(s) for time away from work needed to participate in the training sessions.
- I will read all assigned books and materials, complete self-assessments, and participate in any required activities between sessions.
- I will actively participate in all Leadership Academy group learning activities.
- I will assist in the development of my team's project addressing a public health issue of concern in my community.
- I have (or will have) timely access to adequate computer hardware and software to participate in any distance-learning activities of the Leadership Academy.
- I understand that transportation to and from all Leadership Academy sessions and activities is the responsibility of myself and/or my organization.

As an applicant for the PHLA, I have read the Participant Responsibilities above and hereby commit and agree to all of the conditions and requirements of the Leadership Academy.

For marketing purposes, I authorize the use of my name as a participant/alumnus of the Leadership Academy and of photographs taken during my participation in Leadership Academy activities. I understand that as a part of this program, I may participate in the creation of web pages that may contain demographic information about me, and I authorize the release of this information.

Signature (Please type full name to sign electronically)

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## Supervisor/Director Endorsement

To be completed and signed by participant's supervisor, director, or person to whom the team member is primarily accountable:

As the immediate supervisor of \_\_\_\_\_, I have read the description of the Participant Responsibilities, and agree to the following:

- I will allow time off from regularly assigned duties for her/him to participate in all required activities of the year-long Leadership Academy. (The supervisor and applicant will agree on how to account for the excused time).
- I understand that the \$500 fee for the Leadership Academy attendance is the responsibility of the applicant(s), and I will support the applicant(s)' efforts to secure the fee for her participation in the Leadership Academy.
- I understand that there will be no refund of the applicant fees after
- I will support the participant(s)' use of newly learned/developed knowledge, skills, attitudes, and competencies in her/his work.

Signature (Please type full name to sign electronically)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Print or Type Supervisor/Director Contact Information**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_