

**CAHF LTC Leadership Academy
Application to Participate**

Thank you for your interest in attending the CAHF LTC Leadership Academy. Please complete each section of this application form in full. Type or print in black ink. Keep your answers to 50 words or less in each section.

Submit one copy of your application (completed, signed and stapled) to CAHF, Attn: LTC Leadership Academy, 2201 K Street, Sacramento, CA 95816. The deadline to apply for the Spring 2008 class group is **February 13, 2008**.

Your application package must include all of the following:

- Your fully completed application
- A recommendation from your current employer/supervisor, using the attached recommendation form.
- A recommendation from an individual who knows you well, using the attached recommendation form.

CONFIDENTIAL APPLICATION

All applications are subject to confidential evaluation. Each 2-year session of the Academy is limited to no more than 25 individuals. If you are not selected to participate in the Leadership Academy this year, you are encouraged to re-apply in the future.

Applicant's Name

Home Address:

Facility/Employer:

Work address:

Work phone:

Work fax:

E-mail:

Current position/job title:

Number of years of management-level experience in long-term care:

EDUCATION

Name/City of School

Dates (from/to)

Degree

EMPLOYMENT

List employment beginning with most current position.

Employer	City/State	Title/Responsibility	Dates (from/to)
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COMMUNITY AND PROFESSIONAL INVOLVEMENT

List recent volunteer activities in reverse chronological order beginning with current commitments. Include business, community, civic, religious, government, social, athletic or other volunteer involvement.

Organization	Involvement Dates	Activities
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ADDITIONAL INFORMATION

Have you participated in any leadership-specific training in the past? If so, please describe.

Participation in the CAHF Leadership Academy requires a commitment of time and resources. Participants of this 2-year program are required to attend an initial two-day leadership retreat; complete a self-assessment leadership skills using a free tool called *Promoting Leadership in Long-Term Care: The Ideal Administrator*; participate in 12 hours of additional practical coursework on leadership offered at CAHF statewide meetings or through other organizations; participate in networking gatherings with other Academy participants at least twice per year and periodic conference calls; design and complete an individual project which demonstrates leadership skills; integrate what they've learned regarding leadership, culture change and end-of-life decision-making into their facility or company and commit to at least six hours per month of independent study. In addition, all participants will be required to conduct staff and consumer satisfaction surveys using the My InnerView survey tool at the beginning, middle and end of the program and share the data with CAHF. The cost of these surveys must be borne by the participant's facility or company.

Do you anticipate being able to commit the necessary time and resources?

Do you anticipate having the support of your employer to participate in this program?

What do you consider to be the most important characteristics of a leader in long-term care?

How do you practice these leadership characteristics in your work or in the community?

What is your vision for long-term care?

How do you see yourself fitting into the vision you have described above?

What do you think is the most urgent issue facing long-term care today?

Give an example of one or two times you have taken a leadership role in implementing a new idea or program.

Please describe an individual who in your opinion exemplifies leadership. Briefly describe the leadership characteristics of this individual.

What do you hope to gain from participation in the LTC Leadership Academy?

RECOMMENDATION FORM

The following person is applying to participate in the CAHF LTC Leadership Academy. S/he has requested that you provide us with information concerning his or her character, work ethic, and ability to perform or delegate assignments as a leader. Please answer the following questions as thoroughly and completely as possible.

Name of Applicant: _____

How long have you known the applicant and in what capacities?

What do you consider to be this applicant's greatest strengths?

What do you consider to be this applicant's greatest weaknesses?

What one trait does the applicant possess that exemplifies his or her leadership ability? Explain.

What else do you think would be important for CAHF to be aware of as we consider this applicant?

Your Name: _____ Title: _____

Organization: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we need additional information? Yes No