



NURSING HOME LEADER ACADEMY

Participant Application**NURSING HOME LEADER ACADEMY**

Directions: Type answers directly into the space provided. Save the completed form to your computer. Before emailing or sending your application, please verify that all necessary documents are attached.

- ☐ NHLA Application
- ☐ Resume
- ☐ Statement of Interest
- ☐ Copy of an active NHA, RN, or LVN license

Part I. Applicant Information

First: _____ MI: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Organization/Facility: _____ Number of Years _____

Organization/Facility Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

NHA License Number: _____ Number of Years as a NHA: _____ EXP: _____

Nursing License Number: _____ Number of Years as a Nurse: _____ EXP: _____

How did you hear about NHLA: _____

Part II. Statement of Interest

Should you be selected, please describe in 100 words or less what you hope to gain by participating in the NHLA.

Participant Application

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Tuition Type

NHLA tuition includes registration to the following events offered the year NHLA takes place: CAHF Spring Legislative Conference; CAHF/QCHF Summer Conference; CAHF Annual Convention & Expo and NHLA scheduled events.

CAHF Members Non-members
☐ \$1469.00 ☐ \$2939.00

Special Opportunities for Applicants!

- ☐ **Check this box if you are interested in the CAHF Scholarship.**
This scholarship is open to all administrators or DONs from 1-2 Star facilities. Tuition to the Nursing Home Leader Academy is covered for the individual chosen. There is only one CAHF Scholarship available for NHLA.
- If you are interested and qualify, please attach a letter of recommendation using 100 words or less from your supervisor stating their support of your time, effort and commitment to this program.

Part III. Terms of Agreement - Applicant

I understand the requirements for participation in the NHLA as described below, and I agree to complete all requirements in the project time frame. These include:

- Participation in all learning activities, both in-person and web-based; required reading; and reoccurring support calls with my network group.
- Tracking and submission of specified data, development, and implementation of QI action plan, and other learning activities as assigned.
- Completion of pre- and post-Academy self-assessments and course evaluation interview.
- Active utilization of LTC Trend Tracker as related to quality improvement targets.
- Participation in Connected Communities to access and share information related to the NHLA.
- Payment of tuition, in full, upon acceptance to the Academy. **NOTE: Tuition is non-refundable.**
- Attendance at all three in-person meetings (all travel-related expenses to be covered by participant).
- Immediate notification of the Project Coordinator in the event that employment status changes during the nine-month Academy; every effort to complete the program should be undertaken regardless.

Applicant's Signature: _____ **Date:** _____
(To submit an electronic signature please type your name.)

Please have your supervisor sign Part IV.

Part IV. Terms of Agreement - Supporting Organization

I have read and understand the requirements of participation in the NHLA as described above and in the Application. I agree to my employee's participation in this program, and will make every effort to support her/his full participation in the learning activities and evaluation components of the program and completion of all assignments including attendance at the three in-person sessions and the implementation of her/his action plan for quality improvement in her/his facility. I will consult with my employee on the quality improvement goal selection for this Academy and support and monitor the implementation of my employee's action plan in her/his facility.

Supervisor's Signature: _____ **Date:** _____
(To submit an electronic signature please type your name.)
Print Name: _____ Email: _____

APPLICATION DEADLINE: AUGUST 31, 2024
Applications may be submitted electronically or by mail.

Email: dwalters@cahf.org
Attn: NHLA - DeAnn Walters • Mail: 2201 K St. Sacramento, CA 95816