



# Participant Application - Class of 2019

## NURSING HOME LEADER ACADEMY OF EXCELLENCE

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.

- NHLAE 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: \_\_\_\_\_

### 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 NHLAE.

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### Tuition Type

NHLAE tuition includes:

NHLAE 2019 scheduled events, as well as registration for: 2019 CAHF Spring Legislative Conference, 2019 CAHF/QCHF Summer Conference, 2019 CAHF Annual Convention & Expo

CAHF Members                  Non-members

\$1425.00

\$2850.00

### Special Opportunities for 2019 Applicants!

**Check this box if you are interested in the 2019 CAHF Scholarship.**

This scholarship is open to all administrators or DONs from 1-2 Star facilities. Tuition to the 2019 Nursing Home Leader Academy of Excellence is covered for the individual chosen. There is only one 2019 CAHF Scholarship available for NHLAE.

- 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 NHLAE 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 NHLAE.
- 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 NHLAE program 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: \_\_\_\_\_

**Applications may be submitted electronically, via FAX, or by mail.**

Email: [dwalters@cahf.org](mailto:dwalters@cahf.org) • FAX: (916) 446-4454

Attn: NHLAE - DeAnn Walters • Mail: 2201 K St. Sacramento, CA 95816

## NURSING HOME LEADER ACADEMY OF EXCELLENCE PROGRAM 2019