CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

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. Additional documents may be requested at a later date.

- ☐ NHLA Application
- ☐ Resume

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.

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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 Member	Non-member
☐ $1,469	☐ $2,939

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. **Scholarship Deadline: Friday, December 19.**

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

Applications may be submitted electronically or by mail.

Email: dwalters@cahf.org

Attn: NHLA - DeAnn Walters ● 2201 K St. Sacramento, CA 95816