**2020 NCANA Leadership Fellow**

# APPLICATION FOR APPOINTMENT

## APPLICATION PROCEDURE AND SELECTION OF CANDIDATES

All interested NCANA members are invited to apply to be a Leadership Fellow and participate in the NCNA Leadership Academy. A select committee of NCANA members will review applications and name up to 6 NCANA Leadership Fellows for the 2020 NCNA Leadership Academy Class. Efforts will be made to balance participants according to geography, gender, etc. All participants selected for the program will be provided a scholarship to attend the program, valued at $3,000. Attendance at all workshops is mandatory and NCANA will provide training sessions, overnight accommodations for three retreats, meals, and instruction materials. Application forms should include as much information as possible. However, the answers should be limited to the space available. **All applications must be received by November 15, 2019.** NO APPLICATION WILL BE ACCEPTED AFTER NOVEMBER 15th.

All participants will be provided with a shared hotel room for each retreat and will be shared with another member of the Leadership Academy. Room assignments will be made by NCNA Staff and roommates will be changed every retreat to allow for networking with other Leadership Academy participants. Each participant is required to stay onsite at the host hotel. Participants with special considerations that desire a private room may request NCNA to arrange for this after payment for the difference in room rates is paid in full to NCNA. No participant(s) shall make reservations independently.

Acceptance as a Fellow is open to all members of the North Carolina Association of Nurse Anesthetists. The committee will be seeking representation from a cross-section of the profession. These leaders and potential leaders will be active either in business, education, the arts, religion, government, community-based organizations, ethics or minority groups, or nursing specialty areas, and will reflect the diversity of the organization.

ELIGIBILITY: At least 2 years of experience in a leadership role (work, volunteer, or other setting), NCANA membership, and employer commitment to support time away from work required to complete the program.

*Please type and complete each section fully. Applications must be signed by both applicant and employers and returned no later than November 15th, 2019. Applications should contain a recent photograph suitable for use in publications and for publicity.*

## I. PERSONAL DATA

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name or Preferred Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Residence in North Carolina \_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCANA Membership Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Licensed \_\_\_\_\_\_\_\_\_\_\_\_

Certifications/Designations Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## II. EDUCATION *(Begin with high school, college(s), advanced degrees and/or specialized training)*

A. Name and Location of School Dates (from-to) Degree Major

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B. Recognition for Academic Performance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. Activities (Leadership positions held, special recognition received during educational pursuits):

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## III. WORK EXPERIENCE

Present Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or Responsibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Since (month/year) \_\_\_\_\_\_\_\_\_\_\_\_

A. Briefly describe your responsibilities in your job, number of hours worked per week, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. List previous work experience in reverse chronological order (Include active military duty):

Employer Title/Responsibility From To

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C. What do you consider your highest professional achievement to date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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D. Professional Affiliations/Involvement *(Please include NCANA or other professional involvement.
Do NOT include civic organizations, public office or community activities in this section.)*

Name of Group Positions Held or Assignments Period of Affiliation

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## IV. COMMUNITY INVOLVEMENT

A. Include community, civic, religious, political, government, social, athletic, or other activities. *Do NOT include professional activities. Indicate major role in the organization at this time or in the last 2 years:*

*Organization* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Assignment/Position* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Responsibilities/Contributions* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Organization* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Assignment/Position* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Responsibilities/Contributions* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Organization* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Assignment/Position* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Responsibilities/Contributions* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. If you have additional significant community, civic, religious, political, social, athletic, or other areas of active involvement, please list below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. What do you consider your most important accomplishment in one of the above organizations? Why?

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D. How much time each month do you commit to volunteer work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. With what kinds of volunteer activities would you like to become active with in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_

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F. If you have not had the time or interest to become actively involved, what conditions have changed that now enable you to seek involvement in the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## V. GENERAL INFORMATION

A. What do you feel are the three most significant challenges facing the nursing profession today?

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What do you feel needs to be done about one of these issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. What do you feel are the three most significant issues facing North Carolina today? What can/should nurses do to address one of these issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. What specific skills/knowledge do you hope to gain from your participation as a NCANA Fellow and how would you hope to apply that knowledge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## VI. RECOMMENDATIONS

Please provide the names, telephone numbers AND email addresses for three individuals who will be willing to provide a recommendation if requested.

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## VII. COMMITMENT

(To graduate as a Fellow from the NCNA Leadership Academy, a participant is required to attend all sessions. Participants are also strongly encouraged to attend NCANA meetings and events.)

* Orientation Conference Call: February 27, 2020 @ 12:00 pm
* Retreat One: April 9-10, 2020 – Wrightsville Beach, NC
* Retreat Two: June 11-12, 2020 – Winston Salem, NC
* Retreat Three: August 20-21, 2020 – Raleigh, NC
* Graduation: September 17, 2020 – Raleigh Marriott Crabtree Valley, Raleigh

I understand the purposes of being an NCANA Leadership Fellow in the NCNA Leadership Academy and if I am selected I will devote the time and resources necessary to complete the program. Although emergencies may arise, any participant missing more than one day, for whatever reason, may be asked to withdraw from the program and no portion of the tuition shall be refunded. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## TUITION

The cost of this program is being covered by NCANA, however, failure to complete the program could result having to repay some/all of the program costs.

EMPLOYER COMMITMENT (if applicable)

This application has the approval of this organization and the applicant has our full support, which includes the time required to participate in the program.

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **APPLICATIONS SHOULD BE MAILED TO**:

NCANA Leadership Fellow

c/o North Carolina Association of Nurse Anesthetists

3801 Lake Boone Trail, Suite 190

Raleigh, NC 27607

NCANA@caphill.org

# ALL APPLICATIONS MUST BE RECEIVED BY midnight. November 15, 2019.