

2026 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 4 NCANA Leadership Fellows for the 2026 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 \$7,100. 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 September 1, 2025. NO APPLICATION WILL BE ACCEPTED AFTER September 1, 2025.

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 September 1, 2025. 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. <u>Name and Location of School</u>	<u>Dates (from-to)</u>	<u>Degree</u>	<u>Major</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Recognition for Academic Performance _____

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

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.:

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

<u>Employer</u>	<u>Title/Responsibility</u>	<u>From</u>	<u>To</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

<u>Name of Group</u>	<u>Positions Held or Assignments</u>	<u>Period of Affiliation</u>
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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 _____

Organization _____

Assignment/Position _____

Responsibilities/Contributions _____

Organization _____

Assignment/Position _____

Responsibilities/Contributions _____

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

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

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

E. What kinds of volunteer activities would you like to become active with in the future? Select all that apply.

- ☐ NCANA Committee Involvement (Government Relations, Public Relations, Bylaws, Education & Research, Program)
- ☐ NCANA Board of Directors
- ☐ Speaking on a Clinical Topics at a District or State Educational Meeting
- ☐ Speaking on a Non-Clinical Topic at a District or State Educational Meeting.
- ☐ Serving on a Hospital-wide Committee at your Hospital
- ☐ Taking a Leadership Role within your department (chief, assistant chief, clinical coordinator, department education)
- ☐ Leadership Position within your Hospital
- ☐ AANA Leadership Position
- ☐ Other: _____

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? _____

V. GENERAL INFORMATION

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

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

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?

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? _____

VI. RECOMMENDATIONS

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

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 17, 2026 @ 12:00 pm
- Retreat One: April 16-17, 2026 - Winston-Salem, NC
- Retreat Two: May 14-15, 2026 - Wilmington, NC
- Retreat Three: August 6-7, 2026 - Chapel Hill, NC
- NCNA Annual Convention: September 17-18, 2026 – Embassy Suites by Hilton Charlotte Concord Golf Resort & Spa, Concord, NC

NCANA Leadership Fellow Hold Harmless Agreement

WHEREAS, I _____, have applied for admission as an NCANA Leadership Fellow for the 2026 Class of the NCNA Leadership Academy and I have been permitted through a selection process to participate in the activities associated there with, including, but not limited to, Retreat One in April 2026, Retreat Two in May 2026, Retreat Three in August 2026;

WHEREAS, I am participating in the aforesaid activities solely on my own initiative, risk and responsibility;

NOW THEREFORE, in consideration of the permission extended to me to participate in the aforesaid activities I do hereby for myself, my heirs, assigns, executors, and administrators, voluntarily release, waive and forever discharge the NCNA Leadership Academy, its officers, agents, employees, the North Carolina Nurses Association and its officers, directors, agents, employees, the North Carolina Association of Nurse Anesthetists and its officers, directors, agents and the North Carolina Foundation for Nursing from any and all claims or causes of action, personal injury, or property damage which result from or arise out of my participating in the aforesaid activities.

PRINT NAME:

SIGNATURE:

DATE:

TUITION

The cost of this program is being covered by NCANA, however, failure to complete the program will result in having to repay all of the program costs (\$7,100) to NCANA.

I understand and agree with the above statement. _____ (Initial)

COMMITMENT TO NCANA

I agree to serve on an NCANA committee or the Board (within five years after completion of the leadership academy program).

I understand and agree with the above statement. _____ (Initial)

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 _____

Print Name _____

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 _____

Print Name _____ Phone Number _____

APPLICATIONS SHOULD BE MAILED/EMAILED TO:

NCANA Leadership Fellow
c/o North Carolina Association of Nurse Anesthetists
701 Exposition Place Suite 206
Raleigh, NC 27615
operations@ncana.com

ALL APPLICATIONS MUST BE RECEIVED BY midnight September 1, 2025.