



MONTANA MEDICAL ASSOCIATION

2015-2016 Program Application

Physician Leadership Effectiveness Program

The Montana Medical Association Physician Leadership Effectiveness Program is a seven session leadership development program that takes place over eight months. Designed to build and enhance leadership skills of physicians, this program prepares participants to fill emerging leadership roles and influence healthcare policy.

Physician Leadership Effectiveness Program Selection Committee
Montana Medical Association Executive Office
2021 11th Avenue, Suite 1
Helena, Montana 59601
jean@mmaoffice.org

INSTRUCTIONS: Complete your application and mail to the MMA Executive Office
Applications must be signed by you and your employer/sponsor, if applicable.

1. PERSONAL

SECTION A - NOMINEE PROFILE

Form with fields: Last Name, First Name, M.I., Degree/Title, Preferred Mailing Address, Apartment/Unit No., City, State, ZIP, Phone, E-mail, County Medical Society, Specialty Society (if applicable).

How did you learn about Physician Leadership Program?

Check one of the following categories which best describes your present employment situation:

- Employed by a hospital/clinic (indicate employing organization)
Independent physician
Other (please specify):

SECTION B — APPLICATION SUPPORT DOCUMENTS

Please check the boxes to indicate you have included the following items as part of your application:

- CV (Used for MMA records and scholar selection purposes only)

SECTION C — BACKGROUND INFORMATION

2. LEADERSHIP EXPERIENCE

Please list up to four county, specialty, and/or MMA activities (e.g. committee member, component member), or leadership positions (e.g., committee chair, AMA delegate, officer) in which you currently participate or have previously participated.

Table with 2 columns: Activities/Leadership Positions, From: To: (repeated 4 times)

Please list up to four medical-related leadership positions you currently hold or have previously held (e.g. chief of staff, PCMH learn leader, supervisor).

Leadership Positions				
	City:	State:	From:	To:
	City:	State:	From:	To:
	City:	State:	From:	To:
	City:	State:	From:	To:

Please list up to four other organizations of which you are or have been a member (e.g. Chamber of Commerce, Rotary Club).

Organization				
	City:	State:	From:	To:
	City:	State:	From:	To:
	City:	State:	From:	To:
	City:	State:	From:	To:

Please state briefly any contributions, achievements, or recognitions which you consider significant, including how you exhibited a leadership role.

### 3. LEADERSHIP

*We are interested in your personal reflection on leadership. There is no right or wrong answer to this question.*  
**What is leadership?**

Please tell us what specific skills/knowledge you hope to gain from your Physician Leadership Effectiveness Program experience; and in return what contribution/gifts/talents you feel you could bring to the program?

### 4. STATEWIDE PERSPECTIVE

*One of the goals of the Physician Leadership Effectiveness Program is to build a sustainable network of physician leaders who can enhance their problem-solving and other leadership abilities through shared perspectives and working together.*

Describe the most notable opportunity and most significant threat facing health care in Montana today.

**Opportunity:**

**Threat:**

### 5. REFERENCES

Please list two references. Please notify these people that they may be contacted by the selection committee for further information.

#### SECTION D — REFERENCES

Please list two physician references. **Include valid email and phone number for each reference.**

Full Name:		Relationship:		
Company/Organization/Practice:				
Address:		E-mail:		
City:	State:	ZIP:	Phone:	

Full Name:		Relationship:		
Company/Organization/Practice:				
Address:		E-mail:		
City:	State:	ZIP:	Phone:	

## 7. TUITION AND FUNDING

Tuition for Class 2015-16 is \$2,200 for MMA Members and \$2,700 for non-members. Meals and all course materials during the program will be provided. Participant is responsible for lodging and transportation to and from the seven sessions. **Payments should be made to Montana Medical Association.**

## 8. FINANCIAL ASSISTANCE

Limited partial scholarships are available on the basis of need.

Please check here if you need financial assistance. After the selection process is complete, you will be contacted for more information. Awarding of financial assistance is solely at the discretion of the Selection Committee and has no negative impact on the acceptance of your application.

## 9. COMMITMENT

Candidates for **Physician Leadership Effectiveness Program** must be concerned about the future of health care in Montana and be committed to personal involvement in shaping the future.

**By signing this application, a participant is committing to attend all sessions.** In order to accomplish the **Physician Leadership Effectiveness Program's** objectives, full commitment and participation of each individual selected is required. Participants who miss more than one session may be requested to leave the program or attend make-up session at an additional cost. No refunds will be given.

### Program Session Dates & Tentative Locations

2015 Session 1 Sept 25-26 Big Sky Emotional Intelligence & Relationship Management	2015 Session 2 October 23-24 Billings The Influence of Outcomes & Financial Stewardship	2015 Session 3 November 20-21 Bozeman Team Engagement Strategies	2016 Session 4 January 8-9 Fairmont Strategic Thinking	2016 Session 5 Feb 5-6 Great Falls Advanced Critical Thinking Skills - the Leadership Perspective	2016 Session 6 March 11-12 Helena Effective Transition & Change Management	2016 Session 7 April 8-9 Whitefish Personal Accountability & Generations Working Together
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Following completion of the program, participants are expected to stay active in the **Physician Leadership Effectiveness Program**, enhancing their leadership experience and helping to strengthen the program for the future. Please consider this ongoing commitment as you apply for the program.

Full support and encouragement from the applicant's employer is required in terms of financial commitment and/or the time to participate effectively in the **Physician Leadership Effectiveness Program**.

### EMPLOYER'S OR SPONSOR'S COMMITMENT

I have reviewed this application and fully support this individual's participation in **Physician Leadership Effectiveness Program**, and agree to the time and financial commitment required for the program.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Name and Title (Please print)

### APPLICANT'S COMMITMENT

I certify that all of the information I have provided in this application is complete and true. If selected, I am fully prepared to be an active participant, by attending all sessions, being fully involved, and devoting the time and resources required to complete the **Physician Leadership Effectiveness Program**. I am willing to commit my support, volunteer time, energy and skills in future years.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

## SUBMIT:

- Application Form (Please review for completeness)
- CV

Physician Leadership Effectiveness Program Selection Committee  
C/O Montana Medical Association Executive Office  
2021 11<sup>th</sup> Avenue, Suite 1  
Helena, Montana 59601  
[jean@mmaoffice.org](mailto:jean@mmaoffice.org)

**APPLICATIONS MUST BE RECEIVED NO LATER THAN: June 26, 2015**

Participants are selected by the Physician Leadership Program Selection Committee on the merits of the information provided on this application. The Committee seeks representation from a cross-section of the community including rural, urban, business, non-profit, government, gender, and ethnic and minority groups. **Information on this application is used to add diversity and balance to the class. It is not available for any other purpose.**

**CONFIRMATION WILL BE SENT BY EMAIL UPON RECEIPT OF APPLICATION**  
25 successful applicants will be notified by July 20, 2015.  
Full tuition payment is due by August 15, 2015.

