

2025 Healthcare Excellence in Leadership

Program Application

Review Program Description and Requirements

In the changing landscape of health care and health care organizations, clinicians are being asked to step into leadership roles, be solution focused, and develop highly effective health care teams. These opportunities require additional knowledge and skills beyond clinical expertise. With this increased complexity, the ability to be a leader is more important than ever. Professional knowledge and skills, relational abilities and contextual understanding are three elements of strong leaders on the health care team.

The Montana Medical Association Healthcare Excellence in Leadership Program brings physicians and healthcare professionals from across Montana together for seven sessions to learn how they

is designed to enhance the leadership skills of health care providers, so you can play a larger role in your practices and attain the knowledge necessary to influence Montana healthcare policy.

Application Instructions:

Complete your application and return to the MMA Executive Office. You may use additional pages to answer questions. Applications must be signed by you and your employer/sponsor, if applicable.

Please return the application by July 25, 2025.

Confirmation will be sent by email upon receipt of your application. Full tuition payment is due by August 8, 2025.

Return completed application to:

Healthcare Excellence in Leadership Program Selection Committee
Montana Medical Association Executive Office
2021 11th Avenue, Suite 1
Helena, Montana 59601
Fax: 406-443-4042
mma@mmaoffice.org

Confirmation will be sent shortly by email upon receipt of your application.

2025 Program Schedule (dates tentative)

- **Session 1:** Helena, September 12-13
- **Session 2:** TBD, October 10-11
- **Virtual Coffee & Chat Check-In:** November 8
- **Session 3:** Webinar, January 17
- **Session 4:** Fairmont, February 6-7
- **Session 5:** Webinar, March 7
- **Session 6:** TBD, April 12-13

Tuition Costs

Montana Medical Association members get enormous savings! Tuition to attend the 2025/2026 session is \$3,000 for MMA members; the fee for non-members is \$3,750. More information on tuition is included in the application on page 4.

Not sure of your membership status? Please contact MMA Member Services at (406) 443-4000 for more information.

Participant Selection

Each application will be reviewed by the Healthcare Excellence in Leadership Program Selection Committee to select participants. Potential participants may be asked to take part in a short call regarding their application.

The 2025/2026 Healthcare Excellence in Leadership Program will consist of approximately 20-25 participants. The class is capped at 25 participants. Physicians, physician assistants, advanced nurse practitioners, pharmacists and dentists may apply.

- Selected participants will be notified by the MMA by August 1, 2025.

SECTION A - NOMINEE PROFILE			
Last Name:	First Name:	M.I.:	Degree/Title:
Preferred Mailing Address:		Apartment/Unit No.:	
City:	State:	ZIP:	
Phone:	E-mail:		
License Number:	Specialty Society (if applicable):		
How did you learn about the MMA Healthcare Excellence in Leadership Program?			
Check one of the following categories which best describes your present employment situation:			
<input type="checkbox"/> Employed by a hospital/clinic (indicate employing organization): <input type="checkbox"/> Independent practice <input type="checkbox"/> Other (please specify):			

SECTION B - APPLICATION SUPPORT DOCUMENTS
Please check that you have included the following items as part of your application:
<input type="checkbox"/> CV (Used for MMA records and scholar selection purposes only)

SECTION C - LEADERSHIP EXPERIENCE						
Please list up to four county, specialty, MMA activities (e.g., Committee Member, Component Member), and/or leadership positions (e.g., Committee Chair, AMA Delegate, Officer) in which you have participated. For participants who are not physicians, please list those from a relevant Association.						
<table border="1"> <thead> <tr> <th>Activities/Leadership Positions</th> <th>From:</th> <th>To:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Activities/Leadership Positions	From:	To:			
Activities/Leadership Positions	From:	To:				

Please list up to four medical-related leadership positions you have held (e.g., Chief of Staff, Chief Medical Officer, Supervisor, Team lead).		
Leadership Position:	From:	To:
Please list up to four other organizations of which you have been a member (e.g. Chamber of Commerce, Kiwanis Club, Rotary Club).		
Organization:	From:	To:
Please briefly state any contributions, achievements, or recognitions which you consider significant.		

SECTION D - LEADERSHIP

We are interested in your personal reflection on leadership. There is no right or wrong answer to these questions.

What is leadership?

What specific skills/knowledge you hope to gain from your Healthcare Excellence in Leadership Program experience?

What contributions, gifts, and/or talents do you feel you could bring to the program?

SECTION E - STATEWIDE PERSPECTIVE

One of the goals of the Healthcare Excellence in Leadership Program is to build a sustainable network of healthcare 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:

SECTION F - REFERENCES



Please list two professional references (include a valid email and phone number for each reference). Please notify these individuals they will be contacted by the selection committee for further information.

Reference 1

Full Name:		Relationship:	
Organization/Practice:			
Address:		Email:	
City:	State:	Zip:	Phone:

Reference 2

Full Name:		Relationship:	
Organization/Practice:			
Address:		Email:	
City:	State:	Zip:	Phone:

SECTION G - TUITION AND FUNDING

Tuition for the 2025/26 Healthcare Excellence in Leadership Program is \$3,000.00 for MMA Members and \$3,750.00 for non-members. Meals and all course materials during the program are provided. Each participant is responsible for lodging and transportation to and from each session. Full tuition payment is due upon receipt of invoice or by August 8, 2025. No refunds will be given.

SECTION H - SESSION DATES & LOCATIONS

Session dates and locations are listed below:

Session 1	Session 2	Check-In	Session 3
Helena September 12-13, 2025	TBD October 10-11, 2025	Virtual Coffee & Chat November 8, 2025	Webinar January 17, 2026
Session 4	Session 5	Session 6	
Fairmont February 6-7, 2026	Webinar March 7, 2026	TBD April 12-13, 2026	





SECTION I - COMMITMENT

Candidates for the MMA Healthcare Excellence in Leadership 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, you are committing to attend all sessions.

To accomplish the Healthcare Excellence in Leadership 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 sessions at additional cost.

Following completion of the program, participants are expected to stay active in the Healthcare Excellence in Leadership 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 your employer are required in terms of financial commitment and/or the time to participate fully in the Healthcare Excellence in Leadership Program.

EMPLOYER OR SPONSOR COMMITMENT	APPLICANT COMMITMENT
I have reviewed this application and fully support this individual's participation in the MMA Healthcare Excellence in Leadership Program and agree to the time and financial commitment required for the program.	I certify that all the information I have provided in this application is complete and true. If selected, I am prepared to be an active participant by attending all sessions, being fully involved, and devoting the time and resources required to complete the MMA Healthcare Excellence in Leadership Program. I am willing to commit my support by volunteering my time, energy, and skills in future years.
Employer Signature: _____	Applicant Signature: _____
Name and Title:	Date:

