



Program application: Physician Leadership Academy

Thank you for your interest in the Physician Leadership Academy. Please complete this application in its entirety. The application should take approximately 30 minutes to complete. Your completed application must be sent with a resume or curriculum vitae. We will accept applications on a rolling basis and encourage early submissions, as we will be capping the class at 35 participants.

Email completed form to: physicianleadershipacademy@deloitte.com

Personal information

Email address (business email address preferred)

Salutation (optional)

First name

Last name

Middle initial (optional)

Suffix (optional)

Address (business address preferred)

Address line 2 (optional)

Address line 3 (optional)

City/Town

State/Province/Region

Zip/Postal code

Country

Business telephone

Extension (optional)

Mobile phone (optional)

Date of birth

Gender (optional)

LinkedIn profile link



Name of organization

What type of organization is it?

Does your company have a parent organization?

Yes

No

If yes, please provide the name of the parent organization.

How many total years of experience do you have?

How long have you been employed by your present organization?

What is your position/title?

How long have you held your present position?

How many people report to you and your direct reports?

Please respond to the questions below in no more than 150 words each.

Please describe your current organizational responsibilities and reporting relationships.

What impact do you hope to have in health care in the future? Where do you see yourself five years from now?

Why do you want to attend the Physician Leadership Academy? What about this program particularly suits your needs?

When you email this application, please attach a curriculum vitae or resume. Your application will not be considered without this information. Your attachment must be an Adobe Acrobat, Microsoft Word, or text file with a .pdf, .doc, .docx, or .txt extension. Please use browsers Chrome, Firefox, or IE11 and above.



Executive sponsor

Do you have an Executive Champion? An Executive Champion is a senior leader in your organization willing to advocate for you.

Yes

No

If yes, please provide the name of your Executive Champion

Billing information

Payment information will be sent to all approved participants via email. If you are accepted into PLA, a \$15,000 deposit is required to reserve your place. Payment in full—by check or credit card—must be received at least 60 days before the program start date. Full program cost is \$25,000.

Mode of payment

Invoice contact name

Position title

Organization

Billing address

Billing address line 2 (optional)

Billing address line 3 (optional)

City

State/Province/Region

Zip/Postal code

Country

Business phone

Email

Additional information

How did you find out about the Physician Leadership Academy?

Additional comments (optional)

Your completed application must be sent with a resume or curriculum vitae. Your application will not be considered without this information. Your attachment must be an Adobe Acrobat, Microsoft Word, or text file with a .pdf, .doc, .docx, or .txt extension. Please use browsers Chrome, Firefox, or IE11 and above.