



PHYSICIAN LEADERSHIP  
EFFECTIVENESS PROGRAM

## MMA Healthcare Leadership Effectiveness Program 2019-2020 Program Application

The Montana Medical Association Healthcare Leadership Effectiveness Program is a six-session leadership development program that takes place over seven months. This in-depth course is designed to enhance the leadership skills of providers, so you can play a larger role in your practices and hospitals and attain the knowledge and opportunities necessary to influence Montana health care policy.

Participants are selected by the Healthcare 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.**

**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 application by June 30, 2019.

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

Full tuition payment is due by August 30, 2019.

**Return completed application to:**  
Healthcare Leadership Effectiveness Program Selection Committee

Montana Medical Association Executive Office  
2021 11<sup>th</sup> Avenue, Suite 1  
Helena, Montana 59601  
Fax: 406-443-4042  
[jean@mmaoffice.org](mailto:jean@mmaoffice.org)



**SECTION A - NOMINEE PROFILE**

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 the MMA Healthcare Leadership Program?			
Check <b>one</b> 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 physician <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:

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.

Activities/Leadership Positions	From:	To:

Please list up to four medical-related leadership positions you have held (e.g., Chief of Staff, PCMH Learn leader, Supervisor).

Leadership Position:	From:	To:

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

Organization:	From:	To:

Please state briefly 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 do you hope to gain from your Healthcare Leadership Program Effectiveness 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 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:

**SECTION F - REFERENCES**

Please list two physician 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 2019-20 Healthcare Leadership Effectiveness Program is \$2,650.00 for MMA Members and \$3,250.00 for non-members. Meals and all course materials during the program are provided. Participant is responsible for lodging and transportation to and from each session.

**SECTION H - FINANCIAL ASSISTANCE**

Limited partial scholarships are available based on 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.

## SECTION I - SESSION DATES AND TENTATIVE LOCATIONS

Limited partial scholarships are available based on need.

Session 1 September 20-21, 2019 Billings Emotional Intelligence Leading with Resiliency	Session 2 October 18-19, 2019 Bigfork or Polson Relationship Management The Influence of Outcomes	Session 3 November 15-16, 2019 Lewistown Team Engagement Strategies Team Intelligence: The 5 Behaviors of a Cohesive Team
Session 4 January 10-11, 2020 Bozeman Advanced Critical Thinking Skills - The Leadership Perspective	Session 5 February 7-8, 2020 Fairmont Strategic Thinking Effective Transitions and Change Management	Session 6 March 13-14, 2020 Helena Personal Accountability Revolution

## SECTION J - COMMITMENT

Candidates for the MMA Healthcare Leadership Effectiveness Program must be concerned about the future of health care in Montanan and be committed to personal involvement in shaping the future.

**By signing this application, you are committing to attend all sessions.**

In order to accomplish the Healthcare 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 sessions at an additional cost. No refunds will be given.

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

EMPLOYER OR SPONSOR COMMITMENT	APPLICANT COMMITMENT
I have reviewed this application and fully support this individual's participation in the MMA Healthcare Leadership Effectiveness 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 Leadership Effectiveness Program. I am willing to commit my support by volunteering my time, energy, and skills in future years.
Employer's Signature: _____	Applicants Signature: _____
Name and Title:	Date: