

# CALL FOR APPLICATIONS



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## PHYSICIAN LEADERSHIP ACADEMY (PLA) OF SOUTH FLORIDA 2020 - 2021 APPLICATION SUBMISSION DEADLINE: December 11<sup>th</sup>, 2020

The PLA, held under the auspices of Palm Beach County Medical Society/Services in collaboration with the Broward County Medical Association and Dade County Medical Association, is funded through a grant from The Physicians Foundation and is endorsed by the Florida Medical Association.

- Please Note:**
1. Prior leadership experience is not required by the applicant to submit the Application.
  2. While a **CV or resume must be attached**, please do not write "see attached CV" in response to any section in the Application.
  3. The application can be filled out electronically and emailed along with any supplementary materials.

**Session Dates:**

<b>Session 1 – PLA Retreat</b> Saturday January 16 <sup>th</sup>	<b>Session 2 - Saturday February 13<sup>th</sup></b> <b>Session 3 - Saturday March 13<sup>th</sup></b> <b>Session 4 - Saturday April 10<sup>th</sup></b>	<b>Session 5- Saturday May 15<sup>th</sup></b> <b>Session 6 - Saturday June 12<sup>th</sup></b> <b>Session 7 – Saturday July 10<sup>th</sup></b>
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**Name of Nominee:**

**Mailing Address:**

**City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Age (please check):**  25 to 40  41 to 60  61 plus

**Ethnicity/Race Nationality - optional (please check all that apply):**  
 American Indian/Native American  Asian, Asian American or Pacific Islander  
 Black or African American  White/Non-Hispanic  Hispanic or Latino  Multiracial

**Name and Location of Medical School:**

**License Number:** \_\_\_\_\_ **Specialty** \_\_\_\_\_

**Primary Practice Type (please check all that apply):**

Private/Solo  Private Group  Health System Employed  Academic  Administrative  Retired

**Currently member of which county Medical Association/Society:**  Broward  Dade  Palm Beach

**Number of years as a county Medical Association/Society member**

**Currently a member of which specialty society (societies) and number of years with each:**

**List any Medical Society/Association or specialty society activities in which the nominee has participated: (i.e. committee member, section member, etc.) and or held a leadership position (i.e. officer, committee chair, delegate, etc.).**

**List any leadership positions held in the community or other organizational involvement:**

**Describe your interest in the PLA including why you should be selected by the Advisory Committee to participate (please attach additional sheets if necessary).**

**Describe how your participation might possibly benefit your county's Medical Association/Society, specialty society or community organization.**

**Include supplementary materials you would like the Advisory Committee to review concerning this nomination.**

**If selected, I agree to participate fully in all required educational and networking sessions of the PLA and complete the Leadership Project as specified in the Program Announcement. I understand that if I miss more than one session during the 2020-2021 year, I will not qualify for graduation with the 2021 class.**

**Nominee's Acknowledgement of Requirements Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return the completed Nomination Application along with CV and supplementary materials by September 15th via:**

**Email (preferred):** abosch@miamimed.com  
**Mail:** PLA Advisory Committee c/o Dade County Medical Association  
 1011 Sunnybrook Rd. Miami FL 33136  
**Fax:** (305)325-1316 Attn: PLA Advisory Committee