

# Leadership Academy Application Fall 2019

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## Applicant Information

Thank you for applying to ONL's Leadership Academy.

The completed application is due on Friday August 9th.

Please contact ONL (info@oonl.org or 781-272-3500) if you would like a paper copy of this application or if you have any questions about the program or application process.

Dates for the Fall 2019 Leadership Academy are:

Friday, September 20th

Friday, October 4th

Friday, October 25th

Thursday, November 14th - Friday, November 15th (the program ends at noon on the 15th).

The program begins at 7:30 am and ends by 3:15 pm with the exception of Nov. 14th and 15th.

\*\*\*Program participants are expected to attend every module. Please plan accordingly\*\*

\*Name

\*Credentials (education and certification)

\*Home Address

\*Work Address

\*Cell Phone Number

Alternative Phone Number (optional)

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\*Email Address

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\*Which category (or categories) best describes you? Select all that apply.

- American Indian / Native American / Alaskan Native       Asian       Black / African American
- Hispanic / Latino       White / Caucasian       Pacific Islander
- Prefer not to answer
- Other (Please specify)

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\*In what year were you born?

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\*Are you currently an ONL member?

- Yes       No
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\*What state do you work in?

- Vermont                       New Hampshire                       Maine  
 Massachusetts                       Rhode Island                       Connecticut  
 New York  
 Other (Please Specify)

\*Which description most closely matches your current job title?

- Nursing Director                       Nurse Manager                       Assistant Nurse Manager  
 Clinical Nurse Specialist                       Clinical Nurse Leader                       Resource Nurse  
 Charge Nurse                       Staff Nurse                       Advanced Practice Nurse  
 Nurse Faculty  
 Other (Please Specify)

How many years have you been in a nursing leadership role?

- Less than 1 year                       1-3                       4-5  
 6-10                       10 or more

\*Name of organization sponsoring you for the Leadership Academy

\*Name of CNO or Dean at the organization where you work

\*Name of person sponsoring you to attend the Leadership Academy

\*Which unit or service describes where you work?

- |  |  |   |
|--|--|---|
| <input type="radio"/> Inpatient Medicine                 | <input type="radio"/> Inpatient Surgery                              | <input type="radio"/> Telemetry or Inpatient Cardiology               |
| <input type="radio"/> Inpatient Orthopedics              | <input type="radio"/> Inpatient Med/Surg mix                         | <input type="radio"/> Labor, Delivery, Postpartum                     |
| <input type="radio"/> Operating Room                     | <input type="radio"/> Pre or Post Operative Care                     | <input type="radio"/> Intensive Care Unit                             |
| <input type="radio"/> Emergency Department               | <input type="radio"/> Inpatient Behavioral Health and/or Psychiatric | <input type="radio"/> Ambulatory Clinic                               |
| <input type="radio"/> Post-Acute                         | <input type="radio"/> Rehabilitation                                 | <input type="radio"/> Outpatient Behavioral Health and/or Psychiatric |
| <input type="radio"/> Community Care (VNA, School Nurse) | <input type="radio"/> Professional Development                       | <input type="radio"/> Nurse Faculty                                   |
| <input type="radio"/> Other (Please Specify)             |  |   |

# Leadership Academy Project

Please work with the nurse leader sponsoring you to attend the Leadership Academy to identify a process or quality improvement project for you to work on during the Academy. This project can be something new that you are going to start working on, or it can be a project that is already underway. The purpose of the project is for you apply the knowledge and skills you learn at the Leadership Academy to something you are working on at your organization. You will do a brief presentation on this project and your lessons learned on day 4. Participants sharing their project work is a great way to hear about the terrific work being done in our region. The project should NOT be a source of stress for participants- there is no judgment or grading associated with this project. Please work with your sponsor to identify a project to focus on during your time in the Leadership Academy.

\* Please provide a brief description of a new or current project that you will focus on during your time in the Leadership Academy

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\* Please provide a working title for your presentation.

*(examples: A team approach to implementing ABCDEF bundle in the ICU; OR Improving staff engagement)*

\* Using the descriptors below, please categorize the type of project you are (or will be) doing. You may select 1-2 descriptors.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Process Improvement    | <input type="checkbox"/> Efficiency           | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Staff Education        | <input type="checkbox"/> Staff Satisfaction   | <input type="checkbox"/> Staff Engagement    |
| <input type="checkbox"/> Patient Education      | <input type="checkbox"/> Patient Satisfaction | <input type="checkbox"/> Patient Engagement  |
| <input type="checkbox"/> Other (Please Specify) |   |  |

\* Please upload your resume or CV

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\* Please upload your head shot (or a professional looking picture of your face).

Pictures will be used to make a contact sheet for participants in your cohort. This will help everyone learn each other's names more quickly.

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## Last Step

To complete your application, you must upload your signature and the signature of the nurse leader(s) sponsoring you to attend the Leadership Academy.

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## What to do:

Copy and paste this URL into your browser:

[https://onl.memberclicks.net../dist/assets/docs/leadership\\_academy/Spring2019/Sp](https://onl.memberclicks.net../dist/assets/docs/leadership_academy/Spring2019/Sp)

Print this document. You and the person sponsoring you to apply to the Leadership Academy must sign this paper. After you have both signed the document scan it and upload it using the button below.

Your application will not be complete until this signed form is received. Please contact the ONL office if you have questions about your application by emailing [info@oonl.org](mailto:info@oonl.org) or call 781-272-3500.

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## Thank you!

Thank you for applying to ONL's Fall 2019 Leadership Academy. Applicants will be notified in by Friday Aug 16th 2019 of their application status.