

Advancing a culture of health.

**Leadership Academy Application
Required Documents**

(to be included with this application)

1. Professional Resume

A professional resume/CV. Include education, employment and other professional activities.

2. Improvement Project Focus Area

A brief written description of your selected improvement project.

3. Signature Endorsement (by the Chief Nursing Officer of the Applicant's institution)

PLEASE NOTE – The costs for the program includes the price of the celebratory dinner and a hotel room on Thursday November 9th. The hotel and dinner will be in the Waltham area, within minutes from the Waltham Woods Conference Center.

• **Registration Fee**

- | | |
|--|-----------|
| ○ ONL members | \$1749.00 |
| ○ Non-member
(includes a one year ONL membership) | \$1999.00 |

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Leadership Academy Application

Fall 2017 Program

Friday, September 22, 2017
Friday, October 6, 2017

Friday, October 20, 2017
Thursday, November 9, 2017
Friday November 10, 2017
(ends at noon on the 10th)

Applicant Name and credentials: _____

Title: _____ Organization: _____

Home Address: _____

City/Town: _____ State: _____ ZIP: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Application Deadlines

The application and all required materials must be received by **Wednesday, August 23, 2017** for the Fall 2017 program. Please email completed applications to info@oonl.org. The following documents must be included with this application (see Page 1 for a description of each):

- Resume
- A written statement for the implementation of an improvement project
- Chief Nursing Officer signature of endorsement

My signature below signifies my understanding that attendance at all of the prescribed sessions is required in order to complete the program and receive ANCC contact hours. I will make every effort to attend each session.

Applicant Signature: _____ Date: _____

Please email info@oonl.org or call 781-272-3500 with any questions.

Chief Nursing Officer Signature of Endorsement:

Name: _____

Title: _____

Business Address: _____

Telephone Contact No. : _____ Email _____

Signature: _____ Date: _____