

**Clinical Leadership Program
Duke University School of Medicine**

Application for Admission

Non-Degree

Duke University offers equal opportunity to all applicants without regard to race, color, creed, sex, age, handicaps or national origin. The questions concerning race, sex and national origin on this application form are for the purpose of meeting Federal reporting requirements.

Instructions: Type or print legibly. All applications must include transcripts of all post-secondary and graduate level academic work. The completed application, and letter of evaluation and transcripts (sent directly to the program from the evaluator or issuing institution) may be emailed to ClinicalLeadership@mc.duke.edu or faxed to 919.613.6899, Attn: Clinical Leadership Program, Division of Community Health. Please note this special Non-Degree Application cannot be substituted for the Application for Admission to the degree program.

1. _____
Last or Family Name First Middle

2. Social Security Number ____ - ____ - ____ Gender: Female ____ Male ____

3. Country of citizenship _____
If not US Citizen, indicate type of visa held _____

4. Date of Birth ____ - ____ - ____ Place of Birth _____
Month Day Year

5. Race/Ethnicity or National Origin (Check one) ____ White ____ Asian ____ Black/African American
____ Hispanic/Latino ____ American Indian/Alaskan Native ____ Native Hawaiian/Other Pacific Islander
Some Other Race (please specify _____) Two or more Races (please specify _____)

6. Preferred E-mail address _____

7. Home/Personal Telephone Number (____) _____ and Home Mailing Address

Number and Street City State Zip Code

8. DUHS Affiliation (If applicable) _____
Department Division

9. Work Telephone Number (____) _____ and Work Mailing Address

Number and Street

City

State Zip Code

10. Please tell us how you learned of this program. Check all that apply.

- Program Website
- Professional/Trade Publication
- Conference/Workshop Exhibit
- Email from Colleague
- Program Student or Alumni
- Other Program Affiliates (e.g., Faculty, staff, guest lecturers)
- Others' Social Media Sites _____ (Please describe)
- Other _____ (Please describe)

11. List in chronological order all post-secondary colleges and universities attended:

<u>Institution</u>	<u>Location</u>	<u>From</u> <u>Mo/Yr</u>	<u>Through</u> <u>Mo/Yr</u>	<u>Major</u> <u>Field/</u> <u>Training</u>	<u>Degree/Diploma</u> <u>(if applicable)</u>

12. List in chronological order all residency, or fellowship training institutions:

<u>Institution</u>	<u>Location</u>	<u>From</u> <u>Mo/Yr</u>	<u>Through</u> <u>Mo/Yr</u>	<u>Field</u>

13. Do you have specialty boards or certifications? No Yes (please specify)

14. Beginning with your current or most recent position, list the last three positions you have held for **six months or longer**.

<u>Employer</u>	<u>Location</u>	<u>From</u> <u>Mo/Yr</u>	<u>Through</u> <u>Mo/Yr</u>	<u>Position</u>

15. List course number, course name, and semester/term selected to enroll.

<u>CLP Course Number</u>	<u>Course Name</u>	<u>Instructor</u>	<u>Semester</u>	<u>Dates</u>

16. Write a brief statement describing your healthcare/clinical experience:

17. Write a brief statement describing your administrative experience (program administration, strategic planning, supervision, budget preparation/management, etc.)

18. Write a brief statement describing your most challenging team experience. What did you learn from this experience?

19. What are you hoping to gain from participation in this program?

I hereby certify that the information given by me in this application and attached statements is complete and correct to the best of my knowledge.

Signature: _____ Date: _____