Application for Admission Master of Health Sciences in Clinical Leadership Program Duke University School of Medicine

Degree Program

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

Note: See the attached "Information for Applicants" for complete application information.

Instructions: Type or print legibly. The completed application may be emailed to clinical@dm.duke.edu. All applications must include copies of all post-secondary and graduate level academic work. Official transcripts must be emailed to the Clinical Leadership Program directly by the institution. Personal copies cannot be accepted.

1.			
	Last or Family Name	First	Middle
2.	Social Security Number		
3.	Gender: Female Male	Other	Prefer Not to Say
4.	Country of Citizenship		
	If not US, indicate type of visa held		
5.	Date of Birth Month Day Year	Place of Bi	rth
6.	Race/Ethnicity or National Origin (Check of White Asian American Indian/Alaskan Native Other Race (please specify) Two or more Races (please specify)	Black	
7.	Preferred E-mail address		
8.	Home/Personal Telephone Number ()	and Home Mailing Address
	Number and Street	City	State Zip code

9.	DUHS Affiliation (If applic	able)	Departme	nt	Di	vision	
.0.	. Work Telephone Number () and Work Mailing Address						
	Number and Street		City		State Zi	p code	
	Please tell us how you lead Program Website Professional/Trade Put Conference/Workshop Email from Colleague Program Student or A Other Program Affiliat Others' Social Media State Other Contact Other Contact Other Contact Other Contact Other Contact Other Contact	blication o Exhibit or Program lumni es (e.g., Faculty, s Sites(Please des	staff, guest lo (Please scribe)	ecturers) describe)		ded:	
	Institution	Location	From Mo/Yr	Through Mo/Yr	Major Field/Tra	ining	Degree/Diplom (if applicable)
3.	List in chronological orde	r all residency, or	fellowship t	raining inst	itutions at	tended	l:
	Institution	Location		From Mo/Yr	Through Mo/Yr	Fiel	d
L 4 .	Do you have specialty bo	ards or certification	ons?No	Yes (ple	ase specif	y)	

	Employer	Location	From Mo/Yr	Through Mo/Yr	Position	
	Have you taken the General Aptito graduate degree or an undergrado	, ,	-	•		
	Yes: Date:/ Month Year	No: Date Schedule		 'ear	N/A	
	17. Have you taken the Test of English as a Foreign Language (TOEFL)? It is required of Applicants whose first language is not English and who do not hold a bachelor's degree or higher from an English-speaking institution.					
	Yes: Date:/ Month Year	No: Date Schedule		ear	N/A	
18. List three individuals who will supply letters of evaluation, preferably individuals not all from the same organization: (Use letter of evaluation forms provided.)						
	Name	Position		Institutio	n	
10	List any relevant honors, distinction	ans, prizos ar schalarshins r	rosoivod:			
19.	19. List any relevant honors, distinctions, prizes or scholarships received:					
20. If you have published papers, list up to three (journal, volume, page numbers and year) and enclose reprints:						

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

months or longer.

21.	write a brief statement describing your clinical experience.				
	Write a brief statement describing your administrative experience (program administration, strategic planning, supervision, budget preparation/management, etc.)				
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	Write a brief statement describing your most challenging professional or personal experience. What did you learn from this experience?				
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-					
	Write a brief statement describing the most creative or innovative work project that you helped to develop and the impact it has made.				
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=					
	y certify that the information given by me in this application and attached statements is complete and to the best of my knowledge.				
	re· Date·				

Information for Applicants

ABOUT THE PROGRAM

Duke's Master of Health Sciences in Clinical Leadership Program (MHS-CL) is designed for health care professionals and offers them an opportunity to expand their knowledge base and develop leadership skills. Classes are scheduled to accommodate the demands of clinical schedules. Classes make use of the students' experiences and students can use their workplaces as "laboratories" in which to practice their new skills. This 42 credit-hour, three-year professional degree program awarded by the Duke University School of Medicine uses a model of succinct onsite sessions combined with distance-based technology-supported learning in order to enable students to participate in quality learning while still maintaining a work-life balance. Oncampus dates are scheduled well in advance. The distance education portion of the Master of Health Sciences in Clinical Leadership program consists of learning activities that are provided via web-based tools —streaming media, video conference, interactive presentations, and other synchronous and asynchronous learning modules. Each is used in varying degrees for different courses.

ADMISSION

The Master of Health Sciences in Clinical Leadership is a rolling admissions program. Contact the program office for each semester's application and registration deadlines. To be considered for admission, candidates must have all application materials submitted by the designated deadline for the semester for which they wish to begin the program. Materials received after the application deadline will be considered for the following semester.

Applicants seeking admission as a <u>degree candidate</u> should submit the application form and provide the following supporting documents:

<u>Transcripts.</u> An official transcript from each post-secondary institution attended must be sent to the Clinical Leadership Program directly by the institution. Personal copies cannot be accepted.

Letters of Evaluation. Three letters are required. One letter (Letter of Evaluation – Clinical Experience) must come from someone who can testify to the applicant's clinical experience and one letter (Letter of Evaluation – Administrative Experience) must come from someone who can testify to the applicant's administrative experience. The third letter (Letter of Evaluation – General) should come from someone who can speak from a general perspective about the applicant. All letters should be written by persons who are qualified to testify to the applicant's capacity for graduate work. Evaluation forms are provided on the program's website; they should be emailed of faxed to the Clinical Leadership Program directly by the evaluators.

Test Scores.

The Graduate Record Examination (GRE) General (Aptitude) Test. The GRE will be waived for applicants who have an undergraduate cumulative grade point average of 3.25 or higher. Applicants

with a conferred graduate or professional advanced degree (certificates do not qualify) at the time of the application deadline are also exempt from the GRE requirement. Scores submitted must be no more than five years old. Scores must be sent to the Master of Health Sciences in Clinical Leadership Program from the Educational Testing Service.

Test of English as a Foreign Language (TOEFL). Applicants whose first language is not English and who do not hold a bachelor's degree or higher from an English-speaking institution must submit scores from the Test of English as a Foreign Language (TOEFL). Test scores must not be more than two years old and an official copy must be sent to Duke University.

Admissions Interview. Applicant finalists will be required to complete an admissions interview.

APPLICATION FEE

The non-refundable \$100 application fee must be received by the program office for the application to be considered complete. Remittance should be made payable to "Clinical Leadership Program."

TUITION

Current tuition rates are listed at the program's website and the School of Medicine Registrar's online bulletin. Once a student is admitted to the program, a non-refundable tuition deposit of \$500 is required within ten days of admission to reserve a spot in the class. This amount is applied to the first tuition payment. Students are billed each semester for tuition and fees.

Some students fund their own education, and others are sponsored entirely or in part by their employer. Some Duke staff/faculty may be eligible for the Duke Employee Tuition Assistance program. For those who are self-funded, Duke's School of Medicine Office of Financial Aid offers resources regarding loans and scholarships (e.g. Grad PLUS loan). We encourage you to contact the Financial Aid office as soon as possible to begin that process.

FOR MORE INFORMATION

Visit the website: http://clinical-leadership.mc.duke.edu or contact

Adriana Green, Program Coordinator

Telephone: 919.681.7007

Fax: 919.680.2955

Email: Adriana.Green@duke.edu

Address:

Duke Division of Community Health

Duke Department of Community & Family Medicine

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