





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

| Employer | Location | From Mo/Yr | Through Mo/Yr | Position |
|----------|----------|------------|---------------|----------|
|          |          |            |               |          |
|          |          |            |               |          |
|          |          |            |               |          |

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

| CLP Course Number | Course Name | Instructor | Semester | Dates |
|-------------------|-------------|------------|----------|-------|
|                   |             |            |          |       |
|                   |             |            |          |       |
|                   |             |            |          |       |

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

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

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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: \_\_\_\_\_