

2020 VIRTUAL New CFO Leadership Institute (CFOI)

Application

Name _____

Degree/Certification (if any): _____

Title: _____

Organization (no acronyms): _____

Full Mailing Address
(including City, State & Zip Code): _____

Telephone: _____ Cell Phone (emergency) _____

Email: _____

Name of Supervisor: _____ Supervisor Email: _____

1. Do you currently work for a federally qualified health center? Yes No
2. Do you currently work for a Look-Alike FQHC? Yes No
3. If neither of the above, what type of organization do you currently work for? _____
4. How many years have you been employed at your organization? _____ As a CFO? _____
5. Please provide a brief summary of your professional experience (including relevant experience prior to your current position or with a health center).
Optional: Include a copy of your current biographical sketch (no more than ½ page).

6. Please list 3 things related to strategic leadership that you most want to learn and apply from this Institute.

2020 VIRTUAL New CFO Leadership Institute (CFOI)

7. Please initial each item indicating your commitment to fully participate in all aspects of the VIRTUAL New CFO Leadership Institute Learning Collaborative.

_____ I will attend and actively participate in the four half-day opening sessions in December 2020, the monthly faculty-led learning events, the monthly peer mentoring meetings, and the two half-day closing sessions. See brochure for approximate total time commitment. I understand that if I do not attend the opening and closing sessions AND at least 4 of 6 faculty-led learning events, and 4 of 6 peer mentoring meetings, I will not successfully complete the CFOI.

_____ I will actively participate in the New CFO Leadership Institute Online Community on a weekly basis.

_____ **I have received the endorsement and support of my organization's leadership to participate in ALL aspects of this learning opportunity.**

_____ I will provide my feedback on all formal evaluation requests, including, after the completion of the full learning collaborative and in 120 days after completion to measure my application of learnings to my CFO role/job.

Please type in your name as your e-signature _____

Return this completed form via email to: trainings@nachc.org.
Please indicate **2020 VIRTUAL New CFO Leadership Institute** in the subject line

You will receive notification of your acceptance in the course and payment instructions within 5 business days.