

LEADERSHIP ACADEMY

# APPLICANT FORM (2018-2019 Class)

# ASCLS welcomes your application to the ASCLS Region V Leadership Academy. Please complete all sections of this form and submit along with separate recommendation forms and letters. For complete information refer to 'Application Information and Instructions' separate document.

Application Deadline: June 1, 2018

Applicant name:       ASCLS Member #:       Year of Join Date:

E-mail:

Address:

City:       State:      Zip:

Phone numbers: Work:       Home:      Cell Phone:

Employment Position:

Employment Facility:

Employment City, State, Zip:

City:       State:       Zip:

Applicant Background and Professional Involvement:

Briefly describe your level of ASCLS activity/service at the local, state, regional or national level below. (Include offices held, meetings attended, service on committees, task forces, involvement in state or regional meeting planning, job fairs, volunteering to speak about ASCLS and Medical Laboratory Science at high schools and colleges, etc.)

State/Constituent Society:

Regional:

National ASCLS:

APPLICANT FORM - Section 2

A complete application packet includes:

 Application Form with signature below

 Responses to essay questions

 Two recommendation forms with respective letters of recommendation attached

List the professionals that will be submitting letters of recommendation for you:

1.

2.

Please send all materials by midnight on June 1, 2018 to Lori Pimentel at lkpimentel@gmail.com.

In order to accomplish the objectives of the Region V Leadership Academy, the full commitment and participation of each individual selected is necessary. Participants are expected to attend Region V Leadership Academy sessions scheduled during the 2018 and 2019 Region V Symposium, the Leadership Academy retreat, to participate in scheduled conference calls and complete class assignments.

Individuals will be removed from the Academy if he/she does not comply with the stated requirements.

If selected, I am fully prepared to be an active participant and devote the time and energy required to complete the program. My signature below (electronic signature is acceptable) indicates that I understand the requirements for participation in the ASCLS Region V Leadership Academy and have completed this form to the best of my knowledge.

Signature:

(filling in signature above and submitting electronically constitutes an official signature)

Date:

It is also important that you have your employer’s support and understanding of the obligations of participation in the ASCLS Region V Leadership Academy. Please acknowledge that this support has been obtained from your employer by indicating below who you reviewed this information and required obligations with.

Name of Employer Leader:

Position:

Date of Discussion:

Was employer supportive of your application? (Answer Yes or No):

APPLICANT FORM - Section 3

**Essay Questions:** (Please respond to each question below. Limit responses for each question to 250-300 words.)

1. Why do you want to be a participant in the ASCLS Region V Leadership Academy?

2. What do you expect to do with the experience and knowledge gained from participating in the ASCLS Region V Leadership Academy to benefit ASCLS and your Region, State or local Society? Please also discuss how you would use this in your day-to-day work life as a medical laboratory professional.

3. ASCLS Region V Leadership Academy participants will benefit from exposure to a wide-range of perspectives. What contribution – either in terms of unique experiences or special skills – would you bring to ASCLS that would enrich, benefit and inform others?

4. Identify a current or past leader in any field of endeavor whom you admire or has

been a mentor for you. Explain what attributes makes that person a role model and what you gained from the relationship.