



New Hampshire Physician Leadership Development Program

APPLICATION

Personal Information

First Name Last Name Last * Nickname

Preferred Email *

Home Address *

Street Address City State Zip Code

Home Phone *

Mobile Phone *

Please Select Your Current County of Residence *

Current Employer/Practice *

Job Title *

Work Phone *

Work Address *

Street Address Address Line 2

City State Zip Code

How did you hear about the New Hampshire Physician Leadership Program?

If we are unable to select you for this year's cohort, are you willing to consider participation next year, beginning in September 2025? *

Yes No

Resume or Curriculum Vitae (CV)

Please include your resume or CV including your employment and educational history.*



Essay Questions

1. What do you hope to accomplish personally through this program?*

2. How do you hope to change or influence you practice or organization? *



Organizational Commitment

I have spoken to my practice/hospital/health system regarding the NH Physician Leadership Development program materials.

Please include a letter of support attestation from your practice, hospital or health system for both your eligibility as a program candidate, as well as the organization's support of the time commitment involved to participate in the entire two-year curriculum. *

I understand the expectations and am fully able to participate in the New Hampshire Physician Leadership Development Program. For consideration, this box **MUST** be checked: *

Yes

Materials Required for Selection Process

- 1) Completed application in PDF or MSWord format
- 2) Resume/CV
- 3) Letter of Support from your practice, hospital or health system

Completed Application Packets can be emailed to:

PhysicianLeadershipNH@nhms.org

or mailed to:

Physician Leadership Development Program
New Hampshire Medical Society
Two Capital Plaza, Ste 401
Concord, NH 03301