**New Hampshire Physician Leadership Development Program**

**2024 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 in the 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? **\***



1. How do you hope to change or influence your 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 New Hampshire Physician Leadership Development Program. For consideration, this box MUST be checked: **\***

Yes

**Materials Required for Selection Process** (Received on or before August 1, 2024)

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](mailto:PhysicianLeadershipNH@nhms.org)

or mailed to:

**Physician Leadership Development Program**

**New Hampshire Medical Society**

**2 Capital Plaza, Suite 401**

**57 North Main Street**

**Concord, NH 03301**