July 5 -15, 2016





APPLICATION FOR ADMISSION

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| **WHO SHOULD APPLY** |

The Health Care Executive Program (HCEP) is designed for Chief Executive Officers, Executive Directors and others in the leadership team, such as Chief Operating Officer, Chief Medical Officer, and Chief Financial Officer from community health centers (CHC) and AIDS Service Organizations (ASO). The program has particular applicability for those who have just, or soon will, assumed major management responsibilities. Organizations are encouraged to send individuals from the leadership team to attend as a team of two. Related organizations are encouraged to apply jointly: organizations are encouraged to identify other organizations with which they plan to merge, form an alliance, or otherwise partner with in order to integrate their service delivery models, and then to apply jointly.

Applicants must have a minimum of two years at their current or a similar organization as an executive director or comparable official, or if less than two years, one year as an executive with previous health care experience. A fundamental requirement is the in-person involvement of the organization’s Board or Community Coalition Chair. During the last 2½ days of the program, these “co-participants” collaborate with the executive(s) of the organization to formulate the Community Healthcare Improvement Project (CHIP).

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| **PROGRAM DATES & DEADLINE** |

In 2016, we will offer the Health Care Executive Program from **July 5 - 15, 2016**. Deadline to apply to the program is April 29, 2016. Applications received after the deadline will be considered on a space-available basis. Only 40 participants will be selected, along with a short waitlist. The participant or team of two participants must commit to attend the full 11 days of the program. Co-participants attend the last 2½ days of the program *(July 13, 14 & 15, 2016).*

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| **REGISTRATION FEE** |

Johnson & Johnson defrays the majority of the program costs *(tuition, training materials, lodging and meals)* for both the participant and their co-participant. However, a registration fee of **$3,750** will be assessed for each participant for additional expenses not covered by this considerable subsidy *(fee does not apply to the co-participant).* Additionally, participants and co-participants are responsible for their travel expenses (air and ground transportation) to and from Los Angeles. Upon acceptance into the program, an invoice will be generated from UCLA for the registration fee. Payment is due prior to the start of the program.

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| **APPLICATION TYPE** |

**Please check ONE only**. Please note that for each option below, you must still obtain the commitment of a co-participant (Board Chair or other board member) to attend the last 2½ days of the program.

**[ ]  INDIVIDUAL PARTICIPANT
OR****[ ]  TWO PERSON TEAM FROM THE SAME ORGANIZATION**

*You may apply to attend the program as a two-person team, consisting of the CEO and either the COO, CFO, or CMO, or comparable officials in YOUR organization. BOTH individuals must commit to the full 11 day program, each pay the registration fee, complete the Applicant Information on pages 3-6, jointly respond to the Statements on page 7, and sign the Commitment section on page 8.*

**OR
[ ]  COLLABORATIVE APPLICATION FROM RELATED ORGANIZATIONS**

*You may apply to attend the program as an ASO-CHC collaborative, consisting of the CEO, COO, CFO, Executive Director or comparable officials in each of the organizations (ASO & CHC). BOTH individuals must commit to the full 11 day program and each must complete a SEPARATE application. The collaborators should each conceive of a joint Community Health Improvement Project (CHIP) and/or use the CHIP process to lead their respective organization through the necessary changes to make a separate, but complementary CHIP possible. EACH individual must complete a SEPARATE APPLICATION, commit to the full 11 day program and each pay the registration fee. Please indicate the name of the collaborative partner below:*

**Collaborative Partner (First Name, Last Name):**

**Collaborative Organization Name:**

**Collaborative Partner Email Address:**

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| **ADMISSIONS REQUIREMENT CHECKLIST** |

Selection is based on the quality of applications submitted to UCLA. Final acceptance is conducted by UCLA Anderson, which assures that each class is representative of community-based health care and AIDS service organizations nationwide in terms of geographic location, urban/rural mix, size and other demographic factors.

[ ]  I have been the executive director or comparable official at my current or similar organization for a minimum of 2 years, or if less than 2 years, 1 year as an executive with previous health care experience.

[ ]  I have obtained a firm commitment from the board chair, board member or community coalition chair to serve in person as the Co- Participant during the final 2½ days of the program. (Signature required on page 8).

[ ]  Complete the Statements/Questions on page 7. *(If applying INDIVIDUALLY, answer questions 1-3 only. If applying as a TEAM from the SAME ORGANIZATION, please respond jointly to questions 1-4. If applying as a COLLABORATION FROM RELATED ORGANIZATIONS, each applicant must respond to questions 1-3 separately and question 5 jointly in each of their respective applications).*

[ ]  Review and Sign the Commitments section on page 8.

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| **PLEASE RETURN THIS APPLICATION** |

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| **BY MAIL:** *(please keep a copy for your records before mailing)*HCEP ADMISSIONS COMMITTEEUCLA Anderson School of ManagementHarold and Pauline Price Center for Entrepreneurship & Innovation110 Westwood Plaza, Suite C305Los Angeles, CA 90095 | **ONLINE:**Application may completed and submittedonline by clicking on the link below: [2016 HCEP Application for Admission](https://www.surveymonkey.com/r/2016hcep) |
| **BY EMAIL:**Please email a copy of your application to diana.hernandez@anderson.ucla.edu | **BY FAX:**ATTN: HCEP ADMISSIONS COMMITTEEUCLA Anderson School of ManagementHarold and Pauline Price Center for Entrepreneurship & InnovationFax: 310-206-9102 |

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| **I. ORGANIZATION INFORMATION** |

Name of Organization:

Organization Street Address:

City/State/Zip Code:

Telephone:       Fax:

Organization Website:

**Scope of Organization:**

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| Number of Patients/Clients Served per Year(unduplicated):      Number of Sites:      Organizational budget:       *(Circle one: 2015/2016)* | Number of Clinical Staff:      Administrative Staff: Other Staff:       |

**Organization Type:** [ ]  FQHC [ ]  FQHC-Look-Alike [ ]  AIDS Service Organization

[ ]  Healthcare for the Homeless Program [ ]  Non-Federal Free Clinic
 [ ]  Mental Health Center [ ]  Rural Health Clinic

[ ]  University Based Primary Care Program [ ]  Migrant Health Center

[ ]  Behavioral Health Center [ ]  Other:

**Type of Community**: [ ]  Rural [ ]  Urban [ ]  Rural/Urban [ ]  Suburban

**Types of Services Provided by your Organization (check all that apply):**

[ ]  Primary Health Care [ ]  Behavioral Health [ ]  Mental Health [ ]  Specialty Care

[ ]  Dental Services [ ]  Prenatal Care [ ]  Women’s Health
[ ]  Pediatric Care [ ]  HIV/AIDS Care [ ]  Outreach/Health Education
[ ]  Pharmacy [ ]  Homeless Health Care [ ]  Men’s Health
[ ]  Youth Services/Programs [ ]  Drug Treatment/Prevention

[ ]  Other (Please List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please Provide an Organizational Chart (if available) and Attach to the Application upon Submission.**[ ]  Attached [ ]  Not Available

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| **II. APPLICANT INFORMATION** *(If applying as a 2 person team, team member must fill out Section III).* |

Applicant Name:

Length of time in

Current Position: Current Position: years

*Note: Applicant must have a minimum of two years at their current organization as an executive, director or comparable official, or if less than two years, one year as an executive or director with previous health care experience.*

Email Address:

**Race/Ethnicity:**

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| [ ]  African American  | [ ] Caucasian | [ ] Native American |
| [ ] Asian | [ ] Hispanic/Latino | [ ] Pacific Islander |
| [ ]  Other  |  |  |

 **Gender:** [ ] Male [ ]  Female

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| Educational Background: *Please list schools attended, beginning with most recent.* |
| Name of institution | Degree or certificate received (if any) | Number of years attended |
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| Professional Development: *Please list any management or leadership trainings you have attended within the last 3 years (e.g., conferences and seminars) relating to your work as a health care executive.*  |
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| Employment History: *Please list other positions held in the health care industry.* |
| Position/Title | Number of Years | Company/Organization |
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| **III. TEAM MEMBER APPLICANT INFORMATION** *(Skip if applying individually or as a collaborative entity from related organizations. This section is for the second-team member from the same organization.)* |

Team Applicant Name:

 Length of time in

Current Position: Current Position: years

*Note: Applicant must have a minimum of two years at their current organization as an executive, director or comparable official, or if less than two years, one year as an executive or director with previous health care experience.*

Email Address:

**Race/Ethnicity:**

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| [ ]  African American  | [ ] Caucasian | [ ] Native American |
| [ ] Asian | [ ] Hispanic/Latino | [ ] Pacific Islander |
| [ ]  Other  |  |  |

 **Gender:** [ ] Male [ ]  Female

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| Educational Background: *Please list schools attended, beginning with most recent.* |
| Name of institution | Degree or certificate received (if any) | Number of years attended |
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| Professional Development: *Please list any management or leadership trainings you have attended within the last 3 years (e.g., conferences and seminars) relating to your work as a health care executive.*  |
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| Employment History: *Please list other positions held in the health care industry.* |
| Position/Title | Number of Years | Company/Organization |
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| **IV. CO-PARTICIPANT INFORMATION** |

*A fundamental element of the program is the required in-person involvement of the organization’s Board Chair or other board leader. During the last 2½ days of the program, these “co-participants” collaborate with the executive(s) of the organization to formulate the CHIP. The co-participant will join you for the final days of the program, from July 13, 14 & 15, 2016.*

*Individual Applicants and a Team of Two from the Same Organization will need to identify one co-participant below. Collaborative applications from related organizations will need to identify a co-participant from EACH organization to attend the final days of the program.*

Co-Participant Name:

Type of Co-Participant: (i.e. Board Member, Community Coalition Chair)

Co-Participant Organization Name:

Street Address: Telephone:

City, State, Zip:

Email Address:

*(Note: Please provide the co-participants email address, not your own.
He/she will receive official UCLA communication at this email)*

***Note: The Co-participant must read and sign the commitments section on page 8. Once you name a co-participant, please make every effort not to change it. If a co-participant is unable to commit after being named, you will be asked to find an alternate co-participant.***

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| **V. STATEMENTS** |

**Single applicants respond to questions 1-3. Two-person team applicants answer questions 1- 4 jointly. Collaborative applicants answer questions 1-3 separately and 5 jointly. Limit each answer to one page, typed and double-spaced. Attach your statements to this application with your name(s) on each page.**

1. There are a lot of new public policy changes, sector changes, and healthcare initiatives including: Healthcare Reform/Affordable Care Act, New Investments in Community Health Centers, Health Homes, Electronic Health Records, National HIV/AIDS Strategy (NHAS), Changes to the Ryan White Care Act, ADAP waiting lists, etc. How might these efforts pose challenges and/or opportunities for your organization?
2. What have you found are the major challenges to delivering services to your target population?  How is your program responding to these challenges, and/or what would your program like to do to meet these challenges?
3. What goals do you have as a leader and/or manager for your organization?  How might the UCLA/Johnson & Johnson Health Care Executive Program support your professional growth and development within your organization?
4. **Two-person team applicants from the same organization only**
As a member of a two-person team, you will be collaborating on a strategic project to benefit your organization. Please describe the working relationship with your teammate and elaborate on how the UCLA/Johnson & Johnson Health Care Executive Program will benefit your management team.
5. **Collaborative applications from related organizations only**

What is the intended partnership with the other organization? How do you see this program facilitating its success?

 Diana Hernandez, Senior Program Manager

**Return application to:** UCLA/Johnson & Johnson Health Care Executive Program

*Please keep a copy of this* UCLA Anderson School of Management *application for your records* 110 Westwood Plaza, Suite C305

*before mailing.* Los Angeles, CA 90095-1481

**OR SCAN AND SEND VIA EMAIL TO:** diana.hernandez@anderson.ucla.edu

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| **VI. HOW DID YOU HEAR ABOUT THE PROGRAM?** |

***Please take one second to indicate how you heard about the UCLA/Johnson & Johnson Health Care Executive Program.***

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| * Conference - List conference name
* Colleague – List colleague name
* Website – List website name
* Email Announcement
* Other

Thank you! |

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| **VII. COMMITMENTS** |

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| Applicant(s) |

*By applying to attend the UCLA/Johnson & Johnson Health Care Executive Program, I understand that this is an intense learning experience and I am making the following commitments upon my acceptance to the program:*

1. I will work with my Co-Participant to develop and implement a Community Healthcare Improvement Project (CHIP) that will benefit my health care organization.
2. I will participate earnestly in the program by:
* completing all pre-program assignments;
* bringing examples of budgets, organization charts, Community Assessments, etc. to share with the group;
* participating in class discussions and study group activities; and
* completing all program evaluations.
1. I will train others in my organization the content of at least 2 of the sessions that I gain from the UCLA/Johnson & Johnson Health Care Executive Program.
2. I agree to participate in an ongoing program evaluation effort including responding to surveys that will examine how my organization has changed after my participation and periodic updates on my CHIP.

**Applicant's Name (please print)**

*Signature of Applicant Date*

**Applicant’s #2 Name *(if applying as a 2-person team)* (please print)**

*Signature of Applicant #2 Date*

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| Applicant's Co-Participant |

*By signing this application, I understand and accept the above commitments made by the applicant. I further agree to make the following personal commitments:*

1. I will attend the program at UCLA in person during the last 2½ days of the session (July 13, 14 & 15, 2016).
2. I will work with and support my health care executive(s) to develop and implement a Community Healthcare Improvement Project (CHIP) that will benefit the health care organization with which I am associated.
3. I will participate earnestly in the program by:
* completing all pre-program reading assignments,
* participating in class discussions and study group activities, and
* completing all program evaluations.
1. I recognize that the applicant's final acceptance is contingent upon my participation. If I am unable to attend, his or her participation may be cancelled.

**Co-Participant's Name (please print)** **Title**

*Co-Participant Title/Type*

*Signature of Applicant's Co-Participant Date*