PUBLIC HEALTH LEADERSHIP ACADEMY
building Georgia’s culture of health

2015 COHORT APPLICATION PACKET

Applications due December 15, 2014
What is the Public Health Leadership Academy?

The College of Public Health and the J.W. Fanning Institute for Leadership Development at the University of Georgia have partnered to offer the Public Health Leadership Academy (PHLA). PHLA provides training to multi-sector teams from across the state with the goal of advancing each team’s leadership skills to foster a culture of health in their communities. PHLA’s mission is to improve the health of Georgians by increasing the capacity of leaders to transcend boundaries, work collaboratively, and transform their communities.

The one-year program offers an array of experiential learning activities that includes six face-to-face multi-day sessions, distance learning, discussions with subject matter experts and national public health leaders, support and peer networking, and the design of an applied project in each team’s respective community.

We will select 6 communities (up to 4 individuals from each community) that are ready to engage in creating a culture of health. The participant pool may include, but is not limited to non-profit, public and business leaders; professionals from multiple sectors including health, social work, psychology, ministry, and education; as well as other community based entities that have an impact on factors that affect public health.

When is our PHLA application due?

All applications and supporting materials are due by December 15, 2014. We cannot accept incomplete applications.

How do we submit our PHLA application?

All applications and supporting materials should be mailed to:

Dr. Marsha Davis
Associate Dean for Outreach and Engagement
College of Public Health
University of Georgia
Health Sciences Campus
105 Spear Road, 116 Rhodes Hall
Athens, Ga 30602

When will we be notified if we are accepted into the 2015 PHLA cohort?

You will be notified by January 15, 2015, if you are accepted into the 2015 cohort.

What is the fee for PHLA?

The 2015 PHLA is partially funded by a grant through the College of Public Health. Your cost to participate in PHLA is $1250 per person, which includes lodging, all materials for the program, as well as some of the meals. Payment is due February 1, 2015.

Is financial assistance available?

At this time, we do not have additional funding available to provide stipends. However, participants are encouraged to engage their community in fundraising efforts to support participation in PHLA.

What is the refund policy?

No refunds will be issued after February 15, 2015.

What is the schedule for PHLA?

All sessions will be held in Athens. Sessions will begin at noon on the first day and end at noon on the third day.

- March 18 - 20: Individual Leadership
- April 29 - May 1: Collaborative Leadership
- June 10 - 12: Culture of Health Leadership (Part I)
- August 19 - 21: Culture of Health Leadership (Part II)
- September 30 - October 2: Systems Leadership
- November 11 - 13: Action Leadership

If you have any questions, please contact Dr. Marsha Davis at davism@uga.edu or 706-542-4042.
### Team Applicant Information

County or Community

Team Members (maximum 4 team members)

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<th>Name</th>
<th>Degrees and/or Credentials</th>
<th>Preferred Email Address</th>
<th>Organization or Place of Employment</th>
<th>Job Title</th>
<th>Number of Years in Current Field</th>
<th>Number of Years in Current Position</th>
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**Participant Responsibilities**
To be completed and signed by each team member.

Cohort participants must commit the time, effort, and resources required to complete six (3-day) training sessions, as well as related readings, assignments, and project planning activities between sessions.

- I will commit the time necessary to attend all PHLA training sessions and fulfill program requirements.
- I understand that I will be required to remain on-site throughout (day/evening) the entire duration of the six scheduled training sessions.
- I will ask for and obtain support from my employer(s) for time away from work needed to participate in the training sessions.
- I will read all assigned books and materials, complete self-assessments, and participate in any required activities between sessions.
- I will actively participate in all PHLA group learning activities.
- I will assist in the development of my team’s project addressing a public health issue of concern in my community.
- I have (or will have) timely access to adequate computer hardware and software to participate in any distance-learning activities of the PHLA.
- I understand that payment of the $1250 PHLA attendance fee is my responsibility with or without the assistance of my employer, is due on February 1, 2015, and there will be no refunds after February 15, 2015.
- I understand that transportation to and from all PHLA sessions and activities is the responsibility of myself and/or my organization.

As an applicant for PHLA, I have read the Participant Responsibilities above and hereby commit and agree to all of the conditions and requirements of PHLA.

For marketing purposes, I authorize the use of my name as a participant/alumnus of PHLA and of photographs taken during my participation in PHLA activities. I understand that as a part of this program, I may participate in the creation of web pages that may contain demographic information about me, and I authorize the release of this information.

**Signatures**
Please print full name, sign and date.

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**Supervisor/Director Endorsement**

To be completed and signed by each Team Member’s supervisor, director, or person to whom the team member is primarily accountable. Make copies of this form, as needed, for each team member.

As the immediate supervisor of ________________________________, I have read the description of the Participant Responsibilities, and agree to the following:

- I will allow her/him time off from regularly assigned duties to participate in all required activities of the year-long PHLA. (The supervisor and applicant will agree on how to account for the excused time).
- I understand that the $1250 PHLA attendance fee is the responsibility of the applicant(s), and I will support the applicant(s)’ efforts to secure the fee for her/his participation in PHLA.
- I understand that the fee of $1250 is due February 1, 2015 and that there will be no refunds of the applicant fees after February 15, 2015.
- I will support the participant(s)’ use of newly learned/developed knowledge, skills, attitudes, and competencies in her/his work.

**Print or Type Supervisor/Director Contact Information**

- Name: _________________________________________________
- Position/Title: __________________________________________
- Organization Name: _____________________________________
- Telephone Number: _______________________________________
- Email Address: __________________________________________

_________________________  ____________________________
Signature  
Date
Additional Information
In support of your team’s application, please include the following in your packet.

1) Resume of Each Team Member (maximum 2 pages for each team member)

Please submit a current resume or curriculum vita (CV) that includes educational background and employment history. It should also highlight professional activities (i.e., presentations, publications), professional or civic organization memberships, volunteer activities, and previous leadership endeavors.

2) Statement of Purpose for Your Team (maximum 2 single-spaced pages)

Please address the following topics:

- **Team Description** – How was your team selected? Are you currently working together or have you worked together in the past? If yes, in what context? What are the strengths of your team? What does each team member contribute to the team and how do they complement the other members’ strengths?

- **Community Need** – What are the two highest priority public health issues in your community? What current initiatives or coalitions are addressing these public health issues? Who should be involved in addressing these public health issues? What needs to change in order to resolve these public health issues?

- **Connection to Community Need** – How will participating in this PHLA help your team work towards resolving these public health issues? How will resolving these public health issues in your community impact multiple sectors of your community?

3) Letters of Support

Please include up to 3 letters of support for your team’s application. The letters should provide insight and evidence of the community’s readiness to address public health concerns and team’s potential to affect change.
Before mailing, check to make sure all the following are included in your application packet.

☐ Team applicant information
☐ Participant responsibilities
☐ Individual Supervisor/Director endorsements
☐ Resume of each team member
☐ Statement of purpose for the team
☐ Letters of support for the team