LEADERSHIP COLLEGE – CLASS OF 2023 APPLICATION

SECTION 1

First Name:
Last Name:
Degree:
Cell Phone Number:
Last 4 digits of your SSN (for CME purposes):
Specialty:
Practice/Organization Name:
Address:
City/State/Zip:
Best number to reach you: (Cell Home Office
Are you a member of your county medical society? Yes No County Society Name (if yes):
Are you a member of your specialty society? Yes No Specialty Society Name (if yes):
specialty society runne (ii yes).

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Please list any memberships in other state or national medical associations:
Please list any memberships in civic organizations:
Please list any other leadership positions held in your practice setting and/or the community:
SECTION 2
1. Please briefly describe the top three issues physicians/physician's assistants face today and the opportunities for leadership. (Please limit to 1,000 characters or less).
1.
2.
3.

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2. Wha	at are three of your p	ersonal leadership go	als? (Please limit to	1,000 characters or le	ess)
1.					
2.					-
3.					
		r participation in the p or the NCMS. (Please	-		e setting; county
serve a lead		te for Physicians Leade gionally or statewide. ership positions?			_
		Yes No			
networking		a project of my choice S Leadership College c			
Signature o	f Nominee			Date	_

* Please include a current CV and photo.

*Application and CV can be submitted via email to
Ayesha Andrews at aandrews@ncmedsoc.org. Please send photos via email.