

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: (<input type="text"/>) <input type="text"/> - <input type="text"/> <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> 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):

Please list any memberships in other state or national medical associations:

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Please list any memberships in civic organizations:

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Please list any other leadership positions held in your practice setting and/or the community:

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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.

2. What are three of your personal leadership goals? (Please limit to 1,000 characters or less)

1.
2.
3.

3. Please describe how your participation in the program will benefit you and your practice setting; county and/or specialty society; or the NCMS. (Please limit to 1,000 characters or less)

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The purpose of the Kanof Institute for Physicians Leadership programs is to also assist you in gaining skills to serve a leadership role locally, regionally or statewide. Are you interested in participating in NCMS committees, task forces, projects and/or leadership positions?

- Yes
- No

If selected, I agree to complete a project of my choice and to fully participate in all required educational and networking sessions of the NCMS Leadership College of the Kanof Institute for Physician Leadership as specified in the Program Guidelines.

Signature of Nominee _____ Date _____

*** Please include a current CV and photo.**

***Application and CV can be submitted via email to
Kristina Natt och Dag at tnattochdag@ncmedsoc.org. Please send photos via email.**