

## PARTICIPANT INFORMATION

First Name:	
Last Name:	
Degree:	
Name of Institution	
Current year in training	
Home Address:	
City/State/Zip:	
Best number to reach you:	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Office

## CHECKLIST

Please enclose the documents listed below with your application:

Curriculum Vitae

Headshot (digital copy)

Letter of Interest

*This should include stating why you are interested in pursuing this state-wide interprofessional leadership development program and how this will be used to further your training and future potential as a leader in healthcare.*

Signed Statement of Support

*This can be from local/institutional Dean or equivalent and aims to ensure you are in good academic standing and that you will be able to attend the sessions. **This is a separate submission from the signature that is requested below.***



**Electronic application:** Submit to Kristina Natt och Dag at [tnattochdag@ncmedsoc.org](mailto:tnattochdag@ncmedsoc.org). Please mark the subject line with FCLCApplication.



**Regular mail:** Please address the envelope with the following\*\*:

North Carolina Medical Society Foundation  
ATT: Kristina Natt och Dag, PhD, MA  
222 N. Person St.  
Raleigh, NC. 27601

**\*\*Note:** *You will still need to submit your headshot electronically.*

FUTURE CLINICIAN LEADERS COLLEGE

The Future Clinician Leaders Program is a year-long leadership development program for students in health professions training programs in North Carolina. Students from medical, physician assistant, pharmacy, and advanced practice nursing programs participate in a one-year program that includes 3 in-person half-day meetings typically on weekends and 3 virtual one-hour webinars. Students also complete a capstone project which culminates in the writing of a white paper about a major health policy issue facing healthcare in the state of North Carolina.

Critical to the success of students in this program is the support of their local institution to ensure that participation in the program will not impede their academic performance.

I certify that \_\_\_\_\_ is:

(name of applicant)

\_\_\_\_\_ currently in good academic standing at my institution

\_\_\_\_\_ has my support to participate in the NC Medical Society's Future Clinician Leaders Program including the 3 in-person and 3 virtual meetings

\_\_\_\_\_

Name of Dean, Associate Dean, Assistant Dean

\_\_\_\_\_

Signature of Dean, Associate Dean, Assistant Dean

\_\_\_\_\_

Date Signed