AHIP's Executive Leadership Programs

2022-2023 Application Form

Guiding Greater Health

Contact **ELP@ahip.org** for Details about Application Deadlines.

To Apply:

Your completed and signed application, along with your $200 non-refundable application fee, must be received to be considered. Send your complete application packet by e-mail to **ELP@ahip.org**; Attention: Precious Elliott. Your application packet should include:

- **Completed Application Form** with detailed Organizational Profile and Secondary Mentor Selection
- **Curriculum Vitae** or **Résumé**
- **Letter of Recommendation**
- **$200 Non-Refundable Application Fee:**
- E-mail **ELP@ahip.org** to receive a secure online link to pay electronically
- **Three Essays** (one-page maximum each): Please refer to the Application Checklist in the brochure for details

About You. Please Check One:

☐ I am applying for the Executive Leadership Program (ELP)*

☐ I am applying for the Executive Leadership Program for Medical Directors (ELP-MD)*

FULL NAME DEGREE (IF APPLICABLE) ☐ DO ☐ JD ☐ MD ☐ MPA ☐ MPH ☐ PhD ☐ RN

TOTAL NUMBER OF YEARS' EXPERIENCE IN HEALTH CARE

CURRENT JOB TITLE

ORGANIZATION

ADDRESS

ADDRESS

CITY STATE ZIP

WORK PHONE (AREA CODE/NUMBER) CELL PHONE (AREA CODE/NUMBER)

FAX (AREA CODE/NUMBER) E-MAIL (AHIP INTERNAL USE ONLY.)

Your Signature

I understand and agree to the commitment and requirements for participating as a Fellow in the Executive Leadership Program.

APPLICANT SIGNATURE DATE

About Your Plan: Organizational Profile on next page.

* Please read ELP Criteria and Benefits at **www.ahip.org/elp-criteria-and-benefits** to see if you are eligible.

** Kellogg session may take place in-person or virtually, depending on the COVID-19 pandemic.

† Primary Mentor site visit may take place in-person or virtually, depending on the COVID-19 pandemic.

Important Dates

Monday, June 20, 2022

- Program begins with AHIP 2022

Tuition & Expenses

The Fellow's organization commits to:

- $200 non-refundable application fee
- $6,500 tuition due upon acceptance for full AHIP Member Organizations
- $9,500 tuition due upon acceptance for AHIP Non-members
- To determine if your organization is an AHIP Member, call 202.778.8502 or email: **MembershipFrontline@ahip.org**
- Travel expenses for all sessions, including lodging and transportation
- Support time away from the Fellow's organization to participate in academic sessions,** conferences, and site visits† associated with the ELP and ELP-MD curriculum. In addition to the academic sessions and educational materials, the tuition includes registration for AHIP 2022 and the 2023 National Conference on Health Policy and Government Health Programs (total value $3,500)

Withdrawal

All withdrawal letters must be received by **June 6, 2022**. Should a Fellow need to withdraw from the program, the organization sponsoring the Fellow will be issued a tuition credit letter toward a future year, if requested. ELP and ELP-MD applicants from a sponsoring organization holding a credit letter are subject to the same application requirements and admission criteria as all other ELP and ELP-MD applicants.

Job Transition During Program

Should a Fellow change jobs during the ELP program year, it is the Fellow's responsibility to work out the details of the tuition reimbursement between their previous and new employer.

About Your Plan: Organizational Profile

Please Complete to the Best of Your Knowledge:

DATE FIRST BEGAN OPERATIONS

TAX STATUS

HEALTH CARE FACILITIES OWNED

OWNER

SERVICE AREA (BY STATE)

ACCREDITED BY

Markets Served (check all that apply):

- ☐ ACO
- ☐ Federal/State Exchange
- ☐ FEHBP
- ☐ Individual
- ☐ Large Employers/Commercial
- ☐ Medicaid
- ☐ Medicare
- ☐ Small Group
- ☐ State/County/Local Government
- ☐ Tricare
- ☐ Other (please specify)

_____

Products Offered (check all that apply):

- ☐ Consumer-directed Health Products
- ☐ Dental
- ☐ Disability Insurance
- ☐ Disease Management
- ☐ HMO
- ☐ Long-term Care Insurance
- ☐ Major Medical
- ☐ Medicare Advantage
- ☐ Medicare Supplement
- ☐ PPO
- ☐ Stop Loss/Reinsurance
- ☐ Supplemental Products
- ☐ TPA/ASO
- ☐ URO
- ☐ Vision
- ☐ Other (please specify)

_____

About Your Mentor

Please Provide a Description of the Type of Mentor that Would Be a Good Match for You:

Secondary Mentor Selection on next page.

Secondary Mentor Selection

Each ELP Fellow will have two mentors. A Primary Mentor is assigned to you. Please identify your Secondary Mentor from within your organization (CEO, COO, CMO/Medical Director, Senior Vice President, or other top executives). **Please have your Secondary Mentor fill in this section:**

FULL NAME DEGREE (IF APPLICABLE) ☐ DO ☐ JD ☐ MD ☐ MPA ☐ MPH ☐ PhD ☐ RN

JOB TITLE

ORGANIZATION

ADDRESS

CITY STATE/PROV ZIP COUNTRY

WORK PHONE (AREA CODE/NUMBER) CELL PHONE (AREA CODE/NUMBER)

FAX (AREA CODE/NUMBER) E-MAIL (AHIP INTERNAL USE ONLY.)

Secondary Mentor's Signature

I recommend the applicant for participation in the ELP or ELP-MD. Accordingly, I agree to the time and financial commitment involved in sponsoring a Fellow and participating as a Secondary Mentor.

SECONDARY MENTOR'S SIGNATURE DATE

***In addition to serving as a Secondary Mentor**, would you be interested in serving as a Primary Mentor to a Fellow outside of your organization?* ☐ Yes ☐ No

If not, are there any individuals from your organization you would recommend to serve as a Primary Mentor? (CEO, COO, CMO/Medical Director, Senior Vice President, or other top executives)

FULL NAME

JOB TITLE

E-MAIL (AHIP INTERNAL USE ONLY.)

FULL NAME

JOB TITLE

E-MAIL (AHIP INTERNAL USE ONLY.)

FULL NAME

JOB TITLE

E-MAIL (AHIP INTERNAL USE ONLY.)