# AHIP's Executive Leadership Programs

## *2019-2020 Application Form*

AHIP
America's Health Insurance Plans

## Deadline for Submission: March 28, 2019

### To Apply:

Your completed and signed application, along with your $200 non-refundable application fee, must be received by **March 28, 2019**. Send your complete application packet by e-mail to **ELP@ahip.org** or mail to: Executive Leadership Programs, America's Health Insurance Plans, 601 Pennsylvania Ave., NW, South Building, Suite 500, Washington, DC 20004, 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:**
  - ☐ Check here if enclosing a check (made payable to AHIP)
  - ☐ Check here to receive a secure online payment link
- **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

*continued* ⇨

### Important Dates

- **March 28, 2019**
  Application Submission Deadline
- **April, 2019**
  Fellow Selection Notification
  Please note that tuition is due upon acceptance into the program.
- **Monday, June 17, 2019**
  Program Begins

### 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 Institute & Expo 2019 and the 2020 National Health Policy Conference (total value $3,500)

### Withdrawal

All withdrawal letters must be received by **May 17, 2019**. 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.

# AHIP's Executive Leadership Programs *2019-2020 Application Form*

## 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

*continued* ⇨

# 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

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