

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="text"/>) <input type="text"/> - <input type="text"/> <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.



Electronic application: Submit to Aubrey Cuthbertson at acuthbertson@ncmedsoc.org. Please mark the subject line with FCLC Application.



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

North Carolina Medical Society Foundation

ATT: Aubrey Cuthbertson

222 N. Person St.

Raleigh, NC. 27601



Via fax: Submit to the attention of Aubrey Cuthbertson to fax number (919) 833-2023**

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

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