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**2017 Conference Dates**Thursday, March 16, 11:00am- 6:30pm; Friday, March 17, 8:00am-8:30pm; Saturday, March 18, 8:00am-4:30pm

**APPLICATION**

***Eligibility:***

* Mid-Career and senior women faculty of UMMS, including UMMS-Baystate
* Aspiring and new leaders
* MD, DO, PhD, DNP or equivalent advanced degree
* Completed application including CV
* Commitment to attend entire program

***Application Process:***

1. Applicant completes their section of this form.
2. Applicant obtains the signature of the Department Chair or Division Chief signifying approval for participation.
3. Applicant submits this form with current CV to [Faculty.Affairs@umassmed.edu](mailto:Faculty.Affairs@umassmed.edu).

***Application Deadline: November 15, 2016***

***Acceptance Notification:***

***Applicants will be notified by December 5, 2016 of the committee’s decision regarding participation in the program.***

**APPLICANT INFORMATION**

**APPLICANT NAME**, **Credentials** (Typed or Printed):

DEPARTMENT:

WORK PHONE:

PREFERED EMAIL:

CURRENT ACADEMIC POSITION:

YEARS IN ACADEMIC POSITION:

CURRENT LEADERSHIP POSITIONS:

**APPLICANT SECTION, Continued**

1. Please briefly describe your current departmental and institutional responsibilities (include Administration, Clinical Education, Research, and Other (where applicable), with a focus on leadership roles and responsibilities.
2. Please briefly describe your leadership career goals.
3. Describe how participation in the EMPOWER Summit will enable you to advance or expand your leadership responsibilities, roles, and/or skills.

**By submitting this application, I attest to the following:**

* I agree to participate fully in the EMPOWER Summit and to fulfill the requirements and expectations as contained in the description of the program.
* I have obtained the signature of my Department Chair or my Division Chief signifying his approval of my participation.
* I have attached my **current curriculum vitae**.
* I commit to completing pre- and post- conference assignments including assessments and surveys

**CHAIR / DIVISION CHIEF SECTION**

I have reviewed the program and believe this application. I believe that this program will contribute to development and advancement of the applicant. My signature below signifies my approval of the faculty member’s participation and denotes my full support of this application.

Chair/Division Chief Name **(Typed or** **Printed**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Division Chief **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_