

NC PHLI 2024-2025 Application

Thank you for your interest in applying for the 2024-2025 **North Carolina Public Health Leadership Institute (NC PHLI)**. Completion of this application indicates that you have read the description of the Institute posted on [the webpage](#) and are able to make the time commitment needed for the program.

This application also requires applicants to submit a nomination letter from their supervisor, unit or agency lead and it should include:

1. Awareness of applicants' interest in program and application
2. Nominator's support of participation in monthly learning sessions
3. Signature and on letterhead

This nomination letter should be [emailed](#) to Nedra Draughn within one week of applying for the program. **Applications will not be considered 'complete' without the nomination letter.** If you have questions about the nomination letter, or if you have any technical difficulties with completing the application, please email Nedra Draughn.

Applications are due by **5:00 pm(ET) on July 31, 2024**. **Applications must be completed in one sitting.**

Applicants will be notified by **August 21, 2024**, about acceptance into the program. If accepted, applicants will be sent a link to formally register for the program; registration forms and payment of a \$495 registration fee is due by **September 12, 2024**, for all accepted applicants.

Personal Information

Last Name _____

First Name _____

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Contact Information

Organization/Agency

Current Job Title/Role

County

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Work email address

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Professional Information

How long have you been employed in your current position?

How long have you been employed in public health?

Do you have any public health management experience? If so, in what capacity and for how long? (Preference will be given to applicants with at least 2 years of public health management experience.)

Please list any public health leadership development programs you have previously participated in and when. (If not applicable, please note N/A.)

Please list key responsibilities of your role. This could include program areas as well:

Are you a member of NCPHA?

Yes

No

Institute Information

Why do you want to participate in the NC Public Health Leadership Institute, and what do you hope to gain or accomplish from your participation? (Please respond in 3-6 sentences.)

What do you see as one or two major challenge(s) or problem area(s) your organization is currently facing? (Please respond in 3-6 sentences.)

What is your personal level of influence to address the existing organizational challenge(s) you previously mentioned in the question above?

Briefly describe your current leadership challenge.

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Program Requirements

It is a requirement of this course to submit a nomination letter from your supervisor. After completion of this application, will you be able to send that recommendation letter within 1 week of submission?

Yes

No