

AHIP's Executive Leadership Programs

2023-2024 Application Form



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
- **Two 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 **AHIP.org/ELPFellowCriteriaAndBenefits** to see if you are eligible.

Important Dates

Monday, June 12, 2023

- Program begins with AHIP 2023

Tuition & Expenses

The Fellow's organization commits to:

- \$200 non-refundable application fee
- \$7,500 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 2023 and the AHIP 2024 Medicare, Medicaid, Duals & Commercial Markets Forum (total value \$3,500)

Withdrawal

All withdrawal letters must be received by **June 2, 2023**. 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):

- | | | |
|---|---|--|
| <input type="checkbox"/> ACO | <input type="checkbox"/> Large Employers/Commercial | <input type="checkbox"/> State/County/Local Government |
| <input type="checkbox"/> Federal/State Exchange | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> FEHBP | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Small Group | |

Products Offered (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Consumer-directed Health Products | <input type="checkbox"/> Major Medical | <input type="checkbox"/> TPA/ASO |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> URO |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Disease Management | <input type="checkbox"/> PPO | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Stop Loss/Reinsurance | |
| <input type="checkbox"/> Long-term Care Insurance | <input type="checkbox"/> Supplemental Products | |

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) <input type="checkbox"/> DO <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> MPA <input type="checkbox"/> MPH <input type="checkbox"/> PhD <input type="checkbox"/> 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)