**Propelling Careers Leadership Academy**

**Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:(Preferred) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Occupation: (Check all that apply)

Audiologist \_\_\_\_\_\_\_\_

Educator \_\_\_\_\_\_\_\_\_

Medical Personnel in healthcare facility \_\_\_\_\_\_\_\_\_

Nurse Practitioner \_\_\_\_\_\_\_\_\_\_

Occupational Therapist \_\_\_\_\_\_\_\_\_

Physical Therapist \_\_\_\_\_\_\_\_\_

Physician Assistant \_\_\_\_\_\_\_\_\_

Psychologist \_\_\_\_\_\_\_\_\_

School Administrator \_\_\_\_\_\_\_\_\_

Social Worker \_\_\_\_\_\_\_\_\_

Speech Language Pathologist \_\_\_\_\_\_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Professional Occupation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of the Leadership Academy? Check all that apply:

Online \_\_\_\_\_\_\_\_\_\_

Colleague \_\_\_\_\_\_\_\_

Friend \_\_\_\_\_\_\_\_

Other (explain) \_\_\_\_\_\_\_

Identify two personal goals that you wish to achieve as a result of your participation in this academy.

Indicate your first and second session choice (if applicable)

All 2021 sessions will be held on Wednesdays from 4:00-6:30pm EST

S1: 01/20-2/17 \_\_\_\_\_\_\_

S2: 05/05-06/02\_\_\_\_\_\_\_\_

Please return the completed form to admin@propellingcareers.org. Any additional questions may be directed to the same address. We look forward to hearing from you!