**Propelling Careers Leadership Academy**

**Application**

Name: Credentials:

Address:

City:   State: Zip:

Telephone:(Cell)

Email:(Preferred)

Professional Occupation: (Place an “X” by 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? Place an “X” by 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

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

S3: 09/29-10/27\_\_\_\_\_\_\_\_

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!