



Nicklaus Children's
Health System

Nicklaus Children's Health System Administrative Fellowship Application Form

Name: _____ Phone #: _____

Address: _____

Email Address _____

University _____

Degree Program (i.e. MSHA, MHA, MPH): _____

Is your Program Accredited by CAHME? (Circle one) Y N

Expected Graduation Date: _____

Best times to contact you (EST): _____

Please check three (3) areas of healthcare leadership you are most interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Compliance | <input type="checkbox"/> Facilities Planning |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Foundation | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Marketing | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Practice Management | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Quality |
| <input type="checkbox"/> Other _____ | | |

Statement of Interest

Please be as specific as possible about your interests and how the Nicklaus Children's Hospital Administrative Fellowship Program can help to develop those interests. Please limit responses to one page (single space), Times New Roman, and size 11 font.

The statement should include the following: Why you are interested in Nicklaus Children's Health System, a description of your future career objectives within healthcare administration, and how this fellowship can help you to obtain your goals.