

# The Satcher Health Leadership Institute



## **Health Policy Leadership Fellowship Program 2013-2014 Application**

*All application materials must be received no later than 5:00 p.m. eastern time on January 15, 2013.*

### **Application packet checklist**

- Completed application
- 3 completed applicant reference forms
- Official transcripts from all institutions of colleges and universities attended
- Certified copy of doctoral degree diploma or letter from Department Chair attesting that degree requirements will be completed no later than June 1 (June 30 for residency programs).
- Curriculum Vitae (in Morehouse School of Medicine format)

### **Application timeline**

Nov 1 – Jan 15: Applications and supplemental materials accepted  
Feb 11 – Feb 22: Interviews  
Mar 1 – Mar 15: Notice of acceptance

### **Mail completed applications and supplemental materials to:**

Renée Volny, DO, MBA  
Interim Associate Director, Health Policy Leadership Fellowship  
The Satcher Health Leadership Institute  
Morehouse School of Medicine  
720 Westview Drive, SW  
NCPC Suite 241  
Atlanta, Georgia 30310  
Fax: 404-752-1040

### **Questions**

Tel: 404-752-1694  
Email: [healthpolicyfellowship@msm.edu](mailto:healthpolicyfellowship@msm.edu)



**Curriculum Vitae**

Please attach a copy of your current CV *using MSM format* (see website). Please make sure CV includes complete academic and employment history, a complete listing of positions held in professional and community-based organizations, and a list of all publications and scholarly works.

**References**

*Please provide contact information for the three people writing your fellowship recommendation letters. Please provide a copy of the Applicant Reference Form (below) to each of your references.*

Name/Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship Length: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship Length: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name/Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship Length: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Certification**

I am applying for a position in the Satcher Health Leadership Institute's Health Policy Leadership Fellowship Program for 2013-2014.

I certify that answers given herein, as well as all information provided, are true and complete to the best of my knowledge. I authorize Morehouse School of Medicine to make such investigations and inquiries of my academic and employment history and other related matters as may be necessary to arrive at an employment decision. I hereby release all employers, academic institutions, and individuals from all liability in responding to inquiries regarding this fellowship application.

I make this statement to Morehouse School of Medicine with full knowledge that any false or misleading information may be sufficient cause for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Satcher Health Leadership Institute



**Health Policy Leadership Fellowship Program  
Applicant Reference Form**

The individual listed below is applying for a position in the Health Policy Leadership Fellowship Program. The program is designed to provide postdoctoral health professionals with the specific skills, knowledge, and experiences needed to prepare them for leadership roles in promoting and implementing policies and practices to reduce and ultimately eliminate disparities in health.

Please provide your assessment of the applicant's suitability for this program including the strength of their professional background, their demonstrated commitment to health equity, and their leadership experiences and potential. Please indicate how long and in what capacity you have known the applicant. In addition, please provide additional information that you think will be helpful to the selection committee including: specific talents and strengths, areas that might be strengthened during the fellowship, and applicant's initiative, integrity, and sensitivity to others.

Please send your reference directly to the address below. Thank you for your assistance.

Name of Applicant: \_\_\_\_\_

Recommender's name: \_\_\_\_\_

School/Institution: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or fax form and reference letter to:**

Renée Volny, DO, MBA  
Health Policy Leadership Fellowship Program  
The Satcher Health Leadership Institute  
Morehouse School of Medicine  
720 Westview Drive, SW  
NCPC 238  
Atlanta, GA 30310-1495  
Tel: (404)752-1694  
Fax: (404) 752-1040

## MOREHOUSE SCHOOL OF MEDICINE



*Office of the Dean*

### CANDIDATE CONSENT AND RELEASE

I hereby authorize individuals, organizations, previous employers, and schools to provide any information they may have regarding me, whether or not it is in their records. This may include otherwise privileged or confidential information relative to my professional qualifications, credentials, clinical and/or professional competence, character, mental, moral behavior or any matter having bearing on my consideration of a practice opportunity offered by or through:

### MOREHOUSE SCHOOL OF MEDICINE

I release all individuals, organizations, previous employers, and schools from all liability for any damage which may result from issuing this information.

Further, I extend to the **MOREHOUSE SCHOOL OF MEDICINE** its authorized representatives, and any third parties absolute immunity and release from liability for information gathered from public records and/or interviews as outlined above.

I agree that a photocopy of this authorization is to be accepted with the same authority as the original, and I specifically waive written notice from any present or former employer and/or organization who may provide information based upon this authorized request.

I, \_\_\_\_\_, authorize to release said information to the organization named above and its authorized representatives, upon receipt.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

SSN#: \_\_\_\_\_



## **Georgia LEND Program Application Supplement**

34 Peachtree Street  
Atlanta, GA 30303  
Tel: 404.413.1281  
Fax: 404.413-1299  
Web: [www.cld-gsu.org](http://www.cld-gsu.org)

### **What is a LEND Program?**

The Georgia Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Interdisciplinary Training Program is a one-year training program that incorporates both *didactic* and *experiential* learning in clinical and community-based settings. This program prepares future leaders to serve children with neurodevelopmental and related disabilities and their families through coordinated, culturally competent, and family-centered care, as well as through public health services and policy systems change.

Georgia LEND will operate as part of the Center for Leadership in Disability (CLD) at Georgia State University (GSU), in collaboration with the Satcher Health Leadership Institute at Morehouse School of Medicine (MSM) and the National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control and Prevention (CDC). These and other community partners offer the expert faculty and resources necessary to provide exceptional interdisciplinary training and services.

There are now 42 LEND programs across the United States. Collectively, they form a network that addresses regional and national issues of importance to children with special health care needs (with a focus on children with autism and related disorders) and their families, exchanges best practices, and develops shared products and training opportunities.

LEND programs grew from the 1950s efforts of the Children's Bureau (now MCHB) to identify children with disabilities as a priority of Title V of the Social Security Act. The LENDs are currently funded under the Combating Autism Act and are administered by MCHB, division within the Health Resources and Services Administration (HRSA).

While each LEND program is unique, with its own focus and expertise, they all provide interdisciplinary training, have faculty and trainees in a wide range of disciplines, and include parents or family members as faculty and paid program participants. They also share the following objectives:

1. To advance the knowledge and skills of all child health professionals to improve health care delivery systems for children with developmental disabilities;
2. To provide high-quality interdisciplinary education that emphasizes the integration of services from state and local agencies and organizations, private providers, and communities;
3. To provide health professionals with skills that foster community-based partnerships; and
4. To promote innovative and effective practices to enhance cultural competency, family-centered care, and interdisciplinary partnerships.

The Georgia LEND Program will place particular emphasis on the preparation of future leaders from diverse backgrounds to improve health care access, quality of care, and outcomes for children with neurodevelopmental disabilities from historically underserved racial and ethnic groups.

### **Who is a LEND Trainee?**

A LEND trainee is someone who wants to make the world a better place – and understands the importance of gaining the leadership skills and perspectives to make that happen. LEND trainees must have already demonstrated an interest in improving the lives of individuals with developmental disabilities and their families *and* a commitment to pursuing leadership roles in policy, direct supports,

education, and advocacy. Most LEND trainees will be advanced master's, doctoral, or post-doctoral students from GSU and MSM. LEND trainees will also include individuals with developmental disabilities and family members as advocacy trainees; these individuals are not required to be enrolled as graduate students. The Georgia LEND Program will be open to a very limited number of early career professionals from CDC and community practitioners with a vested interest in learning to work more effectively with children with autism and related disabilities and their families. In addition, in future years, we anticipate enrolling trainees from Applied Behavior Analysis, Audiology, Pediatric Dentistry, and Law. The Combined Health Policy/LEND Fellow must be a physician who also meets all the requirements of the SHLI Health Policy Leadership Fellowship Program.

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### **Narrative Questions**

Please address each of the following in one or two paragraphs. Please type your responses and attach the page to the application packet. (Limit 1 page total)

1. The Georgia LEND Program focuses on family-centered, culturally competent practices in providing supports and services to children with neurodevelopmental disabilities and other developmental disabilities and their families. What experiences have you had with individuals with disabilities and their families?
2. What are your career goals related to children with disabilities, family members, and community health services?
3. What are your goals for participation in the Georgia LEND Program?

### **Declaration of Intent to Participate in Georgia LEND**

By signing below, you acknowledge 1) your understanding that the purpose of the Georgia LEND Program is to prepare trainees from diverse professional disciplines to assume leadership roles in their respective fields, 2) your commitment to the goal of improving the health of individuals with disabilities and the responsiveness of the systems that support them, 3) your interest in developing your own competence in policy, advocacy, research, and clinical skills needed to affect positive change, and 4) your understanding and commitment to completing all program requirements and fulfilling all leadership competencies of the Georgia LEND Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_