

2018 Center for Nursing Workforce Leadership Program

SOUTH DAKOTA
Center for Nursing Workforce

Leadership
program
Presented by EmBe

Mission: To facilitate the leadership development of nursing professionals by utilizing the experiences and skills of established community leaders; to extend a hand-up to those who will follow.

Application Procedures:

1. Complete application, include a resume
2. Submit 1-2 letters of recommendation (excluding relatives)
3. Include a \$26.50 non-refundable application fee
4. The program is open to all nurses who hold an active South Dakota nursing license, or multi-state compact license, and be practicing in the role of a nurse in the state of South Dakota.

Contact Information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I was referred/encouraged to apply by: _____

Employment History:

To outline your work history for the past 5 years, please attach a resume to this application.

Essay questions: (Please attach a separate sheet for your answers and limit each answer to 150 words maximum.)

1. Write a brief autobiography. Please include skills and attributes you feel you possess and utilize.
2. Define what leadership means to you.
3. Describe your personal and professional goals.
4. What are your expectations for growth personally and professionally through this program?
5. If you were to pick your own mentor, who would it be? What do you want from that relationship?

Participant Expectations:

1. Provide statement of commitment to program attendance and participation by signing this application. Participants are expected to attend and participate in all scheduled program events. **Unexcused absence(s) from program sessions will result in expulsion from program and refunds will not be made.**
2. Create a personal development plan, to be presented to your mentor.
3. Apply what you learn in your personal and professional life.
4. Participate in a professional, trustworthy and confidential mentor relationship at least one time per month for 12 months following program graduation. Beyond this length in time, the mentor relationship may continue at your discretion.



By signing below, I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith. I know and understand that all items may be verified. I understand the program commitment and, if selected to participate, will attend all session in their entirety and will commit the time and attention to ensure this program has the most impact.

My Organization/Manager is aware of my interest in participating in the program and is informed of the program commitment and dates/times as listed below.

Manager name: _____

Phone: _____ **Email:** _____

The schedule of sessions is as follows:

Retreat: Friday, February 2, 8:30 am - 5:00 pm	Session 5: Thursday, April 19, 5:00 pm - 8:30 pm
Session 1: Thursday, February 15, 12:00 pm - 5:00 pm	Session 6: Thursday, May 3, 1:00 pm - 5:00 pm
Session 2: Tuesday, March 6, 4:30 pm - 9:00 pm	Session 7: Tuesday, May 15, 1:00 pm - 5:00 pm
Session 3: Thursday, March 22, 4:00 pm - 9:00 pm	Session 8: Thursday, May 24, 5:00 pm - 7:30 pm
Session 4: Thursday, April 5, 4:00 pm - 9:00 pm	All sessions are mandatory and held in Sioux Falls

Applicant Name: _____

Signed: _____ **Date:** _____

If selected, I will remit to EmBe the tuition of \$175 plus applicable tax. I understand that the tuition is non-refundable and that my space may be forfeited if tuition is not received by the deadline. I have enclosed a check, made payable to EmBe, or credit card number for my \$26.50 non-refundable application fee.

Please check all that apply:

My organization is prepared to pay the tuition if I am accepted.

My organization and I will split the tuition if I am accepted.

I will assume the responsibility for the tuition if I am accepted and will pay in one payment.

I will assume the responsibility for the tuition if I am accepted and will pay in two equal payments.

I will need partial financial assistance. I understand that I may be contacted for additional information concerning the request.

Billing information for application fee:

Cash

Check

Credit/Debit card – Card type – Visa or Mastercard (circle one)

Name on card: _____

Billing address for card: _____

City: _____ **State:** _____ **Zip:** _____

Card number: _____ **Expiration date:** _____

Completed applications may be submitted via email or mail to the attention of Erin Bosch, but must be received no later than 5pm on Friday, December 8, 2017.

Dress for Success Sioux Falls · 620 W. 18th St · Sioux Falls, SD 57104 · ebosch@embe.org · 605-610-0665

Thank you for your application! Applicants will be notified by email by Thursday, December 21, 2017. If you have any additional questions, please contact Erin Bosch at 605-610-0665 or ebosch@embe.org.