

LEAD COHORT PARTICIPATION REQUEST FORM

Send via: Fax to: (410) 614-9554 Drop off: Phipps 418 Interoffice mail: Phipps 455

Name					
Title					
Department					
Interoffice Mailing Address					
Extension					
E-mail Address					
Pay Grade					
Position Start Date					
How did you get your position? Select one:				___ Newly Hired	
				___ Promoted	
Affiliation		Hospital		Health System	
				Other	
Cost Center Number (SAP Converted)					
Your cost center number will be charged the course fee of \$175.00					

Supervisor's Name: _____

Vice President's Name: _____

Attendance Policy and Fee Notification:

This management series was established by the Senior Management with the expectation that attendance is mandatory for all newly hired and promoted supervisors. We report attendance problems and supervisors are dropped from the cohort for non-attendance. Participants will be required to make-up one missed class, and be dropped for missing any more than that. Those dropped will be placed on a cohort waiting list for readmission to a future cohort. Readmission into a second cohort will be charged as the first admission.

If selected to participate in the Lead cohort you will be notified within 5 business days of receipt of your "Participation Request Form".

Disclaimer:

Submission of this form does not automatically guarantee you registration for the cohort. You will have to meet specific criteria in order to be considered for participation in this program.

For Official Use Only

Selected to attend		Confirmed		Placed on the list for a future cohort	
Cohort #		Date			