

**Supervisor Endorsement Form** (Rev. 7-11-2023)

**(*To be completed and signed by Applicant’s Supervisor*)**

As the supervisor of , I have read the description and participant expectations of the [2023-2024 Region IV Public Health & Primary Care (PHPC) Leadership Institute](https://r4phtc.org/2023-2024-public-health-primary-care-phpc-leadership-institute-now-accepting-applications/). If the applicant is selected, I agree to all of the following:

1. I will allow time off from regularly assigned duties for her/him/they to participate in all required activities of the 8-month PHPC Leadership Institute experience including: (~ 40 total hours)
   1. In-person opening retreat (November 1 – November 3, 2023; if travel is not safe, there will be a virtual opening retreat 3 hours each day from November 1 – November 3, 2023
   2. Six virtual sessions (est. 13 hours).
   3. Intersession activities (est. 15 hours)

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| Time Period | Activity |
| August 4, 2023 | Application Deadline Extension |
| By early-September 2023 | Selection Notifications |
| October 19, 2023, 10-11:30 am ET | Virtual Orientation |
| November 1 – November 3, 2023\* | In-person PHPC LI Retreat  \*If travel is not safe, Virtual Retreat November 1 – November 3 (3 hours each day) |
| December 2023 – April 2024  Thursdays @ 10-12:00 pm ET | Virtual Sessions:  Dec 7, Jan 11, Feb 8, Mar 7, Apr 4 |
| May 9, 2024, 10 – 1 pm ET | Final Virtual Session: Report, Reflect, Graduate |

1. I will encourage the participant’s use of newly developed knowledge, skills, attitudes, and competencies in her/his work.

**In what ways do you hope this applicant’s participation will benefit your team or organization?**

**Print or Type Supervisor Contact Information:**

Name:

Position/Title:

Organization Name:

E-mail Address:

Telephone Number:

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

*A typed signature is acceptable.*