

**Supervisor Endorsement Form** (Rev. 4-26-2024)

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

As the supervisor of , I have read the description and participant expectations of the [2024-2025 Region IV Public Health & Primary Care (PHPC) Leadership Institute](https://r4phtc.org/2024-2025-public-health-primary-care-phpc-leadership-institute/). 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 (Oct 15-17, 2024; if travel is not safe, there will be a virtual opening retreat 3 hours each day from Oct 15-17, 2024)
	2. Six virtual sessions (est. 13 hours).
	3. Intersession activities (est. 15 hours)

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| Time Period | Activity |
| June 24, 2024 | Application Deadline |
| By end of July 2024 | Selection Notifications |
| September 11, 2024, 10-11:30 am ET | Virtual Orientation |
| October 15-October 17, 2024\* | In-person PHPC LI Retreat \*If travel is not safe, Virtual October 15– October 17, 2024 (3 hours each day) |
| November 2024-March 2025Thursdays @ 10-12:00 pm ET | Virtual Sessions: Nov 14, Dec 12, Jan 16, Feb 13, March 13 |
| April 17, 2025, 10-1 pm ET | Final Virtual Session: Report, Reflect, Graduate |

1. I will encourage the participant’s use and sharing 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.*