

**Supervisor Endorsement Form** (Rev. 4-29-2025)

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

As the supervisor of , I have read the description and participant expectations of the [2025-26 Region IV Public Health & Primary Care Leadership Institute (PHPC LI)](https://r4phtc.org/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 (~ 40 total hours) including:
	1. Virtual opening retreat (Oct 22-24, 2025) (est. 12 hours)
	2. Six virtual sessions (est. 13 hours).
	3. Intersession activities (est. 15 hours)

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| Time Period | Activity |
| June 30, 2025 | Application Deadline |
| Early- mid August 2025 | Selection Notifications |
| September 18, 2025, 10-11:30 am ET | Virtual Orientation |
| October 22-24, 2025 10-3 pm ET | Virtual Opening Retreat |
| November 2025-March 2026Thursdays 10 am-12 pm ET | Virtual Sessions: Nov 20, Dec 18, Jan 22, Feb 26, March 26 |
| April 23, 2026, 10 am-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.*