



SCSHA LDP Application 2021

REMIT COMPLETED APPLICATION TO:

Leah G. Johnson, CAE

Executive Director, SCSHA

ljohnson@mpastrategies.com

APPLICANT INFORMATION
Name:
Membership Number:
Email:
Address:
The contact address provided is my: <input type="checkbox"/> Home <input type="checkbox"/> Office
Daytime Phone:
Evening Phone:
Mobile Phone:
EDUCATION AND INTEREST BACKGROUND
Years of SCSHA Membership:
Certification: <input type="checkbox"/> Audiology <input type="checkbox"/> Speech <input type="checkbox"/> Dual <input type="checkbox"/> Not Certified
Work Setting:
Volunteer Service: <input type="checkbox"/> YES, I have served. (Note: Members are allowed to have served, but not as Chair or a member of the Board of Directors for ASHA.) <input type="checkbox"/> NO, I have NOT served.
LEADERSHIP STATEMENT AND PROJECT
Leadership Statement Describe your goals as a leader, and provide an example of a professional or volunteer project in which you either had a leadership role or provided leadership in some capacity. [500 words or less]

Leadership Project

Describe an idea or volunteer opportunity that this training may help you implement during the yearlong program that relates to your work setting or another professional arena (e.g., state association, related professional organization, etc.). Please provide a framework or steps on how you will proceed in accomplishing your goal. [500 words or less]

NOTE: While SCSHA encourages participants to use their leadership skills to collaborate with various stakeholders associated with their projects to accomplish project goals, participation in the LDP does not imply ASHA's endorsement or official support of participants' projects. Prior SCSHA approval must be obtained before using SCSHA's name on any communications associated with participation in the Leadership Development Program.

ACKNOWLEDGEMENT

Employer/Supervisor Support

___ I understand, the need to seek my employer's support, if applicable, to my participation in the program.

Employer's Contact Information (Optional)

Name:

Daytime Phone:

Email Address:

Acknowledgement and Agreement

By checking **YES** in the box below, I acknowledge that if I am selected to participate in the Leadership Development Program, I agree to fulfill **ALL** program requirements, including:

- Participation in and completion of the pre- and post-workshop activities
- The full day workshop on February 12 at SCSHA's 2021 Convention
- The personal leadership opportunity
- All LDP webinars
- All Learning Team meetings

I also acknowledge that my participation in all of the required components is critical to the success of the program.

___ YES, I agree to fulfill ALL LDP requirements.

FINAL REVIEW

Please note: Your application must be completed before the Oct. 1 deadline, or it will not be reviewed.

Contact Amber Heape at amberheapeslp@yahoo.com or Elise Davis-McFarland at elisedavismcfarland@gmail.com with any questions or concerns.