



## Health Leadership Program

### APPLICATION

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#### Instructions:

- 1) Please complete all information in the space provided. You may use attachments.
- 2) The tuition (\$15,000 CDN) will be invoiced in two installments.
  - \$7,500 due on January 31, 2006
  - \$7,500 due on June 1, 2006

*\* A 10% fee reduction is available to Rotman Alumni and applicants who work at or for one of "Canada's Top 100 Employers" as published by Medicorp. in partnership with the Rotman School of Management.*

*\*\*\*\*At the time of registration, program participant must be a member of "Canada's Top 100 Employers' " current list. Flexible payment options are also available.*

- 3) Please note that at all times your application is subject to space availability and the consideration of the Admissions Committee. Within ten business days after your completed application has been received, we will notify you by mail.
- 4) Mail or deliver completed applications to:

**Michele Milan**

Health Leadership Program  
Joseph L. Rotman School of Management  
University of Toronto  
105 St. George Street  
Toronto, ON  
M5S 3E6  
Tel: 416.946.0726  
E-mail: Milan@rotman.utoronto.ca

### **Application – 2006 Health Leadership Program**

Salutation:    ☐ Mr.                    ☐ Ms.                    ☐ Dr.

Full Name	Last	First	Middle
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\_\_\_\_\_  
Name you wish to be called

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Organization

Office Address	Street	Room Number
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City	Province/State	Postal Code/Zip	Country
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Work Phone	Fax
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\_\_\_\_\_  
Work E-mail Address

Home Address	Street
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City	Province/State	Postal Code/Zip	Country
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Home Phone	Fax
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\_\_\_\_\_  
Home E-mail Address

Do you currently work at or for one of the “Top100 Employers of Canada”?    ☐ Yes    ☐ No  
Are you a Rotman Alumni?    ☐ Yes    ☐ No

Name of Applicant: \_\_\_\_\_

*Major areas of responsibility in your present position:*

*Please describe briefly two of the most challenging issues you face in your position:*

*Please describe what you see as your future role in the organization and where you envision you will be in three to five years:*

*In what ways do you expect your background, experience and capabilities to contribute to classroom and study group discussions?*

Name of Applicant: \_\_\_\_\_

*What motivated you to apply to this program?*

*In what ways are you expecting to benefit from your participation in this program?*

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Signature of Applicant

Date

*I certify that we are sponsoring this participant with full knowledge of the financial and time commitments required.*

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Signature of Corporate Sponsor

Title

Date

Confidential – to be used by Admissions Committee only.

Name of Applicant: \_\_\_\_\_

*Please provide below a brief employment history in reverse chronological order, starting with present position. (You may attach a recent CV instead.)*

Dates

Name of Organization	Title or Position	From	To
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*Please list formal education, including residencies, fellowships and executive education programs:*

School or institution	Degree or Program Title	Date
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