



Participant Application

Name _____ Date _____

Preferred mailing address, city, state, zip code _____

Preferred daytime phone _____ Email _____

Degrees and/or certifications _____ CVMA Member (Y / N) _____

Employer name _____ Employer address _____

How did you learn about the Power of Ten | Practice Managers program?

Do you know a veterinarian who has participated in the P10 program? (If so, list their name below)

Current Practice Type (small, large or mixed animal) and (general, specialty, ER, shelter, other):

Written Portion

In a separate attachment, please address the following questions; take as much space as you need to paint a complete picture for the evaluators to consider.

1. **Perspective** - Tell us why you are uniquely qualified to participate in this program.
2. **Goals** - What do you hope to achieve through participating?
3. **Activities** - Tell us about your participation in any organizations, clubs, or committees.
4. **Continuing Education** - What management-related conferences, school classes, workshops, webinars, etc have you attended within the past 2 years? What was the most impactful?

Resume/Job Description

- Please submit an up-to-date resume (required)
- Please Submit your current job description (if available)

Application continued on next page...



Program Commitment

Please acknowledge each box below by marking it with a checkmark or "x"

- I understand that if selected to join a Power of Ten class, participation requires a Core-Affiliate membership in CVMA. If I am not currently a member, I will contact CVMA at 303.318.0447 to become a member. P.S. If one of your Doctors is a Premium Member, you get yours FREE!
- I have reviewed the curriculum for the coming year and I understand that my attendance is expected at each event and is required without exception at the Initial Gathering, Sept. 28-30.
- I understand that my participation in Power of Ten requires an investment of time throughout the year, including several work days. I have reviewed this time commitment with my employer and they have agreed to support my participation in the program as evidenced by their signature below.

Applicant Signature

Date

Employer Affirmation of Support - *To be signed by your employer*

I, _____ (name) fully support the enrollment of the above named applicant in the Power of Ten Leadership Academy and commit to supporting their leadership development during the year. I understand several learning opportunities will take place on work days and will allow, in advance, unencumbered attendance thereof.

Employer Signature

Date

This program is intended for practice management professionals who have been in veterinary management for a minimum of one year. Other candidates may be considered based on their level of interest. Enrollment is limited to 10 participants per year.

Send your completed application to CVMA by July 6, 2018:

MAIL: Colorado Veterinary Medical Association, 191 Yuma Street, Denver, CO 80223

FAX: 303.318.0450

EMAIL: AshleyLarson@colovma.org

Thank you for your interest in the CVMA Power of Ten Leadership Academy!

Questions? Call us at 303.318.0447!