



Candidate Application Form

Application deadline: May 13, 2009

Please read through the accompanying information and consider your willingness to participate in this extended personal leadership development opportunity. The assessment of your talents, accomplishments, needs and potential will be helpful in the selection process and planning additional training opportunities. The ATTC Leadership Institute Selection Committee appreciates the time and care necessary to prepare this application. Please **type or print** your responses to all the questions on this form. A fillable online version of this application is available at www.ATTCnetwork.org/HBCUleaders.

CONTACT INFORMATION

Name: _____ Credentials: _____

HBCU: _____

Department: _____ Title: _____

Your HBCU Campus Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____ Fax Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Preferred E-mail Address: _____

RELEVANT EXPERIENCE

Please describe your experience in the following areas:

- 1) Describe your experience in using various computer programs. Please list the programs you are comfortable in using.

**ALL APPLICATIONS MUST BE
RECEIVED OR POSTMARKED
ON**

OR BEFORE

MAY 13, 2009.

- 2) Describe how you have educated, integrated or infused substance use disorders and/or mental health in your teaching load for _____ years.

- 3) Describe your experience in supervising and/or teaching in this field for _____ years.

- 4) Describe how you have demonstrated leadership in other settings for _____ years.

CANDIDATE CERTIFICATION AND AGREEMENT

The purpose of the ATTC Leadership Institute is to enhance the knowledge of a diverse group of promising individuals at an optimal point in their career. The program is designed to help Institute participants prepare for greater responsibility and to contribute more to their respective HBCU institution, and ultimately, the addictions treatment and recovery services field.

I understand continued department, supervisor, and mentor support is imperative for my successful completion of this six month process.

Check all that apply:

- My supervisor/department will allow me the time required for full program participation including, but not limited to, the involvement in conference calls, 3 required events, an Individual Leadership Development Plan and Leadership Project.
- The information provided in this application is accurate.
- If selected for the ATTC Leadership Institute, I will participate fully.

Candidate Signature: _____

Submit Complete Application by **May 13, 2009** to:



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ATTC Network Web site: www.ATTCnetwork.org

ATTC Leadership Institute for HBCU Emerging Leaders:

www.ATTCnetwork.org/HBCUleaders

See page 8 in Candidate Application Packet for application checklist before mailing.