



2025 AHCA Nurse Leadership Academy Application

APPLICATIONS DUE BY Monday, September 30, 2024, at 12:00 noon.

The AHCA Nurse Leadership Academy is a six-part program where full-time nurses will develop and hone their leadership skills to become more effective nurse leaders benefiting residents, staff, and community.

Nurses from all AHCA member facilities (AL and SNF) are encouraged to apply. Applicants will be selected to attend this complimentary leadership program. Each program day will include 6 hours of education and networking. *Selected leaders cannot miss more than one program day to complete the Academy and receive a certificate.* **There is no fee to participate in this program.** *This is a great chance to recognize your top performers and give them the opportunity to expand their leadership abilities.*

OVERVIEW

Each Academy session will be from 9:00 am – 3:00 pm (lunch provided).

No more than one program day can be missed in order to complete the Academy and receive a certificate.

November 5, 2024

January 7, 2025

February 4, 2025

March TBD, 2025 – Advocacy Day at the State Capitol

April 1, 2025

May 6, 2025

June 16 – 18, 2025 – Attend the AHCA Annual Convention for free and receive additional education.

NOTE: these sessions dates may change

LOCATION

These sessions will be held in person at the AHCA Office located at 3003 North Central Avenue, Suite 860, Phoenix, AZ 85012. For questions, please contact Jeffreys Barrett at (602) 265-5331.

APPLICATION

Applications are due by Monday, September 30, 2024, at 12:00 noon, and must be completed by the nurse applicant and signed by the Administrator/Executive Director indicating they understand the applicant will be out of the facility/community for the hours and days listed above.

- Applications can be submitted via email to Jeffreys Barrett at jbarrett@azhca.org or by mail to 3003 N. Central Avenue, Suite 860, Phoenix, AZ 85012; or by fax to 602-265-4401.
 - **A special, one-hour call will be held just for Administrators/Executive Directors** of those accepted into the Academy to discuss what their nurses will experience.
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SPONSOR

Thank you to our sponsor Aegis Healthcare! Their generous sponsorship allows us to offer this program at no cost to those in the Academy! The Aegis Healthcare family of companies provides a continuum of post-acute healthcare services to improve the quality of life for our patients through Mobile Primary & Specialty Care, Home Health, Palliative and Hospice Care, Medical Supplies and Non-emergent Medical Transport. Please contact them at www.myaegis.com or at 480-219-4790.





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Please type or write legibly. Applications can be submitted via email to Jeffreys Barrett at jbarrett@azhca.org or by mail to 3003 North Central Avenue, Suite 860, Phoenix, AZ 85012; or by fax to 602-265-4401.

If a participant misses more than one program day of the Academy, leaves their current position, or their employment is terminated, the participant is automatically withdrawn from the program. The nurse applicant needs to complete the top portion of the application, and his/her Administrator/Executive Director needs to complete the bottom portion. Only applications from AHCA member facilities/communities in good standing will be considered.

Applications are due by Monday, September 30, 2024, at 12:00 noon.

To Be Completed by the nurse applicant:

Name: _____

Facility/Community (Name & Address): _____

Email Address: _____

Work Phone #: _____ Cell #: _____

How long have you worked at your current facility/community? _____

You are a (check one): RN LPN How long have you been a Nurse? _____

Why are you interested in being part of the AHCA Nurse Leadership Academy?

What would you like to gain from attending the Academy?

To Be Completed by Administrator/Executive Director:

Administrator/Executive Director Name: _____

Why do you recommend this applicant to be part of the AHCA Nurse Leadership Academy?

I understand the time commitment required with this program and will allow this individual to participate in every class listed on the front page. I also understand that I am responsible for any mileage or other related expenses.

Administrator/Executive Director Approval Signature: _____ Date: _____

Administrator/Executive Director Email Address: _____