

Nicklaus Children's Health System Administrative Fellowship Application Form

Name:	Phone #:	
Address:		
Email Address		
University		
Degree Program (i.e. MSHA, MHA, MPH):		
Is your Program Accredited by CAHME? (Circle one) Y N		
Expected Graduation Date:		
Best times to contact you (EST):		
Please check three (3) areas of healthcare leadership you are most interested in:		
□ Ambulatory Care□ Finance□ Information Technology	_	☐ Facilities Planning ☐ Human Resources ☐ Operations
☐ Practice Management ☐ Other		□ Quality

Statement of Interest

Please be as specific as possible about your interests and how the Nicklaus Children's Hospital Administrative Fellowship Program can help to develop those interests. Please limit responses to one page (single space), Times New Roman, and size 11 font.

The statement should include the following: Why you are interested in Nicklaus Children's Health System, a description of your future career objectives within healthcare administration, and how this fellowship can help you to obtain your goals.