**Children’s Hospital Los Angeles**

**Leadership Education in Adolescent Health (LEAH) Fellowship**

**2020–2021 Application**

The LEAH Program at CHLA will take place Sept. 14, 2020, to May 10, 2021.

Please email your application to leah@chla.usc.edu by close of business on **Friday, June 19, 2020**.

We encourage interested participants to submit their application early, since we will be reviewing submissions as they come in.

**PLEASE TYPE YOUR RESPONSES**

**Personal Information**

**Name:**

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| --- | --- | --- |
|  |  |  |
| First | Middle Initial | Last |

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**What are your pronouns** (he/him, she/her, they/them)**?:**

**Mailing Address:**

|  |  |  |  |
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|  |  |  |  |
| Street | City | State | Zip Code |

**Phone:** Cell (­\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_ **Alternate Phone Number:** (­­­\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_

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**Email:**

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**Secondary email:**

**Best way to reach you:**

Phone call

Text

Email

|  |
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**Best days/times to contact you**:

**What is your current health discipline?**

Medicine

Nursing

Nutrition

Psychology

Social work

Public health

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you learn about the LEAH Program?**

Email from department listserv

Faculty from LEAH

Web

Word of mouth

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your discipline is social work, have you applied to other internship programs within the CHLA Division of Adolescent and Young Adult Medicine?**

Yes

No

**Are you able to speak another language besides English?**

Yes

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

**Funding for this training program requires that applicants be U.S. citizens or permanent residents. Do you meet this eligibility requirement?**

Yes

No

**Expectations for long-term fellows**

* Attend weekly sessions on Mondays in which fellows:
  + Participate in interactive classroom sessions (8:30 a.m. to noon)
  + Gain clinical experience through participation in the LEAH interdisciplinary clinic   
    (1 to 5:30 p.m.)
* Attend four all-day leadership trainings on Wednesdays during the year (dates to be provided prior to the beginning of the training year). \**If you anticipate any conflicts, please let us know. We will do our best to work with your schedule.*
* Complete a leadership, scholarly or advocacy project on a LEAH-related topic of your interest
* Participate in all Monday LEAH activities throughout the training year
* Attend LEAH-sponsored conferences, adolescent rounds and other LEAH-related training events

Stipends for long-term fellows may be available. To discuss your eligibility, please email leah@chla.usc.edu or call 323-361-6501.

**Expectations for medium-term fellows**

* Attend a series of weekly interactive classroom sessions on Mondays (8:30 a.m. to noon)
* Complete 40-299 training hours (participation in all LEAH-related activities will count towards your completion of training hours)
* Participate in LEAH-sponsored conferences, adolescent rounds and other LEAH-related training events

Medium-term fellows are not eligible for stipends.

**Which level of training experience are you interested in applying for?**

Medium-term fellow

Long-term fellow

Both

**Education/Professional Experience**

**Please describe any professional experience pertinent to your application.**

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**Please provide information on any research pertaining to adolescent and young adult health that you have worked on.**

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**References**

**Please list two references who can evaluate your academic and/or professional work.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
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**Voluntary Information**

*The information requested below is voluntary and is intended to help us meet our federal reporting obligations. It will not be used as a basis for admission.*

**Are you Hispanic or Latina(o)?**

Yes

No

**What is your race? (select all that apply)**

American Indian/Alaskan Native

Asian

Black/African/African American

Native Hawaiian or other Pacific Islander

White

Prefer not to answer

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What sex were you assigned at birth?**

Male

Female

**What is your gender identity?**

Male

Female

TransMale

TransFemale

Genderqueer/Gender non-conforming

Prefer not to answer

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you come from a disadvantaged background\*?**

Yes

No

Prefer not to answer

\*According to the Health Resources and Services Administration (HRSA), a person from a disadvantaged background is defined to be:   
a citizen, national or a lawful permanent resident of the US and its territories who either: Comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession OR Comes from a family with an annual income below a level based on low income thresholds according to family size published by the US Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

**Statement of Interest and Future Goals**

The LEAH Fellowship at CHLA aims to recruit trainees with a diverse range of experiences, backgrounds and perspectives and to prepare professionals who seek leadership roles in clinical services, research, training and development of health services for at-risk youth.

In a separate document, please respond to the prompts below based on the training level you are applying for (please use 12-point font, single-spaced lines):

**Medium-term applicants:** Please only complete the (1) statement of interest.

**Long-term applicants:** Please complete both the (1) statement of interest and (2) statement of future goals.

(1) STATEMENT OF INTEREST: Describe why you are interested in the LEAH Program. Please include relevant information about your prior experience with adolescents and specific areas of interest. The training program provides a wonderful opportunity for growth and learning; however, it requires a commitment of time and energy. Tell us your motivation for applying to the fellowship and what you hope to learn. (Please limit your response to one page.)

(2) STATEMENT OF FUTURE GOALS: Describe your leadership experience and your leadership potential. Describe how you have demonstrated leadership in the past, either personally or professionally. (Please limit your response to one page.)

You’re welcome to include any additional information you would like to share with us.

**LEAH Application Checklist**

LEAH Program application form

Statement of interest

Statement of future goals (if you are applying to be a long-term fellow)

Resume

I hereby submit my application for the LEAH Program at Children's Hospital Los Angeles, and understand the commitment and expectations of the program.

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| **Signature of Applicant** |

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|  |
| **Date** |

Please note that your application will be considered incomplete and will not be reviewed until all application materials have been emailed to leah@chla.usc.edu. You may also submit your application and required documents via mail to:

LEAH Program

Division of Adolescent and Young Adult Medicine

4650 Sunset Blvd., MS #2

Los Angeles, CA 90027

**LEAH Faculty/Staff**

|  |  |
| --- | --- |
| Psychology Faculty | Sara Sherer, PhD  323-361-4771  [*ssherer@chla.usc.edu*](mailto:ssherer@chla.usc.edu) |
| Adolescent Medicine Faculty | Claudia Borzutzky, MD  323-361-3167  [*cborzutzky@chla.usc.edu*](mailto:cborzutzky@chla.usc.edu) |
| Nursing Faculty | Kathryn Smith, DrPH, RN, MN  323-361-8301  [*kasmith@chla.usc.edu*](mailto:kasmith@chla.usc.edu)  Bianca Salvetti, MSN, CNS, CPNP  323-361-3103  [*bsalvetti@chla.usc.edu*](mailto:bsalvetti@chla.usc.edu) |
| Social Work Faculty | Carrie Mounier, LCSW  323-361-3912  [*cmounier@chla.usc.edu*](mailto:cmounier@chla.usc.edu)  Alejandra Acuña, PhD, LCSW  [*alejandra.acuna@csun.edu*](mailto:alejandra.acuna@csun.edu) |
| Nutrition Faculty | Celia Framson, MPH, RD  323-361-8555  [*cframson@chla.usc.edu*](mailto:cframson@chla.usc.edu) |
| LEAH Research/Project Faculty | Ellen Iverson, MPH  323-361-3110  [*eiverson@chla.usc.edu*](mailto:eiverson@chla.usc.edu) |
| Associate Director, Division of Adolescent and  Young Adult Medicine | Arlene Schneir, MPH  323-361-3901  [*aschneir@chla.usc.edu*](mailto:aschneir@chla.usc.edu) |
| Training, Research and Community (TRC)  Engagement Center Manager | Mia Humphreys, MSW  323-361-3117  [*mhumphreys@chla.usc.edu*](mailto:mhumphreys@chla.usc.edu) |
| Research and Evaluation Manager | Mona Desai, MPH 323-361-3107  [*mdesai@chla.usc.edu*](mailto:mdesai@chla.usc.edu) |
| LEAH Program Coordinator | Jocelyn Martinez, BSHA  323-361-6501  [*jocmartinez@chla.usc.edu*](mailto:jocmartinez@chla.usc.edu) |
| LEAH Curriculum Development Coordinator | Frances La-Salle Castro, MPH  323-361-4605  [*flasallecastro@chla.usc.edu*](mailto:flasallecastro@chla.usc.edu) |