



## Application Form

Mr.    Mrs.    Ms.    Dr.   Other (specify):

First Name

Last Name

Title

Organization

Address

City

Province

Postal Code

Telephone (work)

Telephone (Alternative)

Email

Preferred Language

English

French

Where did you learn about the Fellowship Program:

*Other (please specify)*

### START THE APPLICATION: Fellowship Program Overview

Please review the 6 steps below before beginning your application. In the event your application is declined, a refund will be issued, less \$200 (plus taxes). There will be no refund of application fees after being accepted into the Fellowship Program.

Be sure to include all required documents to avoid a delay in your application assessment. After we receive your completed application, with all required documents, the assessment time frame is 2- 3 weeks.

### STEP 1: CCHL membership

Please indicate your CCHL Member ID number:

Fellowship Program applicants must be a CCHL member in good standing for a minimum of one year when applying to the CHE Program. Your membership application will be processed prior to the CHE application when submitting both. If you are not a member as yet, please apply here: [College Membership Application](#).

### STEP 2: Certified Health Executive (CHE) Certified

CHE Certified

CHE Track Fellowship Program applicants must hold the CHE designation.

### STEP 3: Degree. Are you applying with:

A university or higher degree

Other: (please indicate):

**IMPORTANT NOTE:** Degrees (Master and Baccalaureate) must be from a recognized Canadian accredited University. Should you have a degree from a foreign University, you must provide proofs of equivalence by a Canadian accredited university.

## STEP 4: Tracks. Select the track you are eligible for:

Please note that the CCHL may change stream selection based on your experience and strategic alliances are subject to change **without notice**. For those applying to the CHE program, please check with the CHE team.

TRACK	FEES	DEFINITION
<b>CHE</b>	<b>\$3,350</b>	<input type="checkbox"/> Hold and maintain the CHE designation <input type="checkbox"/> Completed a minimum of 3 Health Leadership Specialities [ <a href="#">link to specialties overview</a> ] <input type="checkbox"/> Completed a minimum of 2 CCHL contributions [ <a href="#">insert link to contributions overview</a> ] <input type="checkbox"/> Hold Senior/High impact role (may or may not have formal title) in a health service organization (Director [or equivalent through defining criteria such as number of direct reports, operating budget, other determinants, for example] or higher) OR have an ongoing role in health system/health leadership research and knowledge translation. <input type="checkbox"/> Minimum of 10 years' experience in the Canadian health system
<b>Academic</b>	<b>\$3,350</b>	<input type="checkbox"/> Candidates must have completed research with a focus on health system transformation and/or health system leadership (topic to be evaluated by a panel to ensure eligibility) within the previous five years as part of a Master's or Doctoral program. <input type="checkbox"/> Hold either a senior/high impact role in a health service organization (Director [or equivalent through defining criteria such as number of direct reports, operating budget, other determinants, for example] or higher) OR have an ongoing role in health system/health leadership research and knowledge translation. <input type="checkbox"/> Minimum of 10 years' experience in research and knowledge translation and/or in the Canadian health system
<b>Career</b>	<b>\$3,350</b>	<input type="checkbox"/> Hold either a senior level and/or high impact role in a health service organization (Director [or equivalent through defining criteria such as number of direct reports, operating budget, other determinants, for example] or higher) OR have an ongoing leadership role in health system/health leadership research and knowledge translation <input type="checkbox"/> High impact role (may or may not have formal title). Please write a brief description of your impact to be considered for the Fellowship Program <input type="checkbox"/> Minimum of 10 years' experience in the Canadian health system <input type="checkbox"/> Career Track candidate may be invited to participate in an interview to determine eligibility.



## STEP 5: Fellowship Program Payment Information

Please note that fees are subject to change without notice. Payment will be processed on receipt of application. In the event your application is declined, a refund will be issued, less \$200 (plus taxes). There will be no refund of application fees after being accepted into the Fellowship Program.

**\$3,350 – All Tracks**

Method of Payment

Visa  Master Card  American Express  Cheque enclosed (payable to CCHL)

Number on the Card:

Expiry Date (MM/YYYY):

Name on the Card:

Signature:

## STEP 6: Requirement Checklist - Please include all required documents under the track you are applying for:

Documents/Tracks	CHE Track	Academic Track	Career Track
Completed application form with payment	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
Curriculum vitae <b>with detailed position descriptions</b>	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
Copies of degrees granted	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
Proof of CHE Designation	<input type="checkbox"/> Included	<input type="checkbox"/> Optional	<input type="checkbox"/> Optional
Proof of completion of a minimum of 3 specialities	<input type="checkbox"/> (x3) Included	N/A	N/A
Proof of completion of a minimum of 2 CCHL contributions	<input type="checkbox"/> (x2) Included	N/A	N/A
Proof of completed research with a focus on health system transformation and/or health system leadership	N/A	<input type="checkbox"/> Included	N/A
Summary of high-impact career paper	N/A	N/A	<input type="checkbox"/> Included

**Please save the Fellowship Program application and all required documents in ONE document.**

Submit your Fellowship Program application package to [fellowship@cchl-ccls.ca](mailto:fellowship@cchl-ccls.ca) with the following subject line in the email: "Fellowship Program – Application Package – Your Full Name"

For more information, please contact [fellowship@cchl-ccls.ca](mailto:fellowship@cchl-ccls.ca).