# APACVS LEADERSHIP FELLOW APPLICATION

Please fill out each question thoughtfully. If you need more space, attach a sheet with each question referenced. Also, include a copy of your résumé. Applications must be typed for consideration.

Name: _____ Email Address: _____

Address: _____

Phone (Home): (___) _____ Phone (Work): (___) _____

Current Employment (Briefly describe your duties and your practice.): _____

_____

_____

Last Non-PA Position Held: _____

Your Greatest Achievement in Life: _____

Number of Years Employed as a CVPA: _____ NCCPA Number: _____

What do youwish to learn as a CVPA Fellow?: _____

_____

What was the last book you read?: _____

What activity/hobby gives you passion and captivates your interest?: _____

_____

List three professional references: _____ Phone: (____) _____

_____ Phone: (____) _____

_____ Phone: (____) _____

ESSAY: On a separate sheet of paper, please describe with no more than 250 words, what you would do if you were told that the CVPAs in your hospital(s) were soon to be replaced by non-PA competitors. Essay must by typed for consideration.

**Return this application to:**

**APACVS**
**P.O. Box 4834**
**Englewood, CO 80155**