

# Healthcare Workforce Development Academy Application

## ORGANIZATIONAL INFORMATION

Thank you for expressing interest in the Healthcare Workforce Development Academy.

Please note the application, employer self-assessment tool, and letter of support from a senior leader are required to be considered for the Academy.

1. Please tell us about your organization.
  - Organization name
  - Type of organization (hospital, healthcare system, long term care, community health center, healthcare partnership, labor-management partnership, etc.)
  - Brief description of organization (# of beds/patients served, communities served, types of services, number of engaged employers, etc.)
  - Organization address
  - Name of senior leader supporting organizational participation
  - Email address of senior leader
2. Please provide information on the scale of your programming. Frontline workers are defined as individuals working in jobs that require an Associate Degree or less.
  - How many people are employed by the organization?
  - How many frontline workers are employed by the organization?
  - In the last year, how many frontline workers or applicants participated in your skill and career development programs?
  - Overall, how many frontline workers or applicants participated in your skill and career development programs?
3. Has your organization been recognized as a CareerSTAT Frontline Healthcare Worker Champion or Emerging Champion?
  - Yes
  - No

## PARTICIPANT INFORMATION

Each participating organization may select up to two representatives to participate in the Academy. One participant must be a healthcare employer staff member; the second participant may be an additional staff member or a representative from a community-based organization or healthcare workforce partnership.

1. Please provide information about potential Academy participants.

### Participant 1 Name

- Organization
- Position title
- Email address
- Brief description of workforce development responsibilities

### Participant 2 Name

- Organization
- Position title
- Email address
- Brief description of workforce development responsibilities

## ACADEMY GOALS

1. Please briefly describe what your organization would like to achieve by participating in the Academy.
2. What are the top three organizational goals for participating in the Academy?
3. My organization is interested in the following mechanisms for receiving technical assistance through the Academy. *SCALE: Not at all interested, Somewhat interested, Interested, Extremely interested*
  - Peer-to-peer consultation/problem-solving with other Academy participants
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  - On-site consultation
  - Webinars featuring expert presenters
  - Site visits to CareerSTAT Champions
  - Utilizing case studies for problem-solving and learning
4. To what extent do you believe your participation in the Academy will help you achieve the following goals. *SCALE: Not at all important, Somewhat unimportant, Neither important nor unimportant, Somewhat Important, Extremely important*
  - Increasing workforce availability
  - Increasing employee competency and advancement
  - Increasing employee engagement and satisfaction
  - Improving patient experience
  - Increasing community impact, including increasing workforce diversity and improving health outcomes
  - Improving quality and safety of care