



# Partners Population Health Leadership Fellowship Application

## Program Goals:

Following completion of the Partners HealthCare Population Health Leadership Fellowship, the Fellow will be able to:

- Understand the socioeconomic and political context for population health management
- Describe the structure and resources needed (from beginning to end) for the administration of a successful population health program
- Take on an administrative role in Population Health/Accountable Care
- Describe financial and operational considerations for an ACO
- Describe appropriate population health strategies depending on patient populations and needs
- Analyze outcomes of population health strategies, and make recommendations regarding program scale and scope based on those outcomes

In addition, the Fellow will be expected to enhance his/her presentation, facilitation and leadership skills by successfully completing the following:

- Poster presentation at the Population Health Research Symposium
- Lead a regularly scheduled journal club discussion, identifying the article, providing a synopsis and facilitating discussion
- Implementation of strategies in own clinical practice

## Application Packet Requirements:

1. Completed application form
2. CV (Harvard or non-Harvard format CV acceptable; be sure to include honors, awards and publications and research and volunteer work)
3. Two letters of recommendation (one from Residency Director or Chairman)

**Please submit all items to Keri Sperry:**

Email (preferred): [ksperry@partners.org](mailto:ksperry@partners.org)

## Important dates

**October 1:** Applications Due

**November 1:** Notification of Acceptance

**March 1:** Staffing Privileges Confirmed

**July 1:** Fellowship Begins



# Partners Population Health Leadership Fellowship Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Education

### Undergraduate

Institution Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study \_\_\_\_\_

### Medical School

Institution Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study \_\_\_\_\_

### Internship, Residency, Fellowship

Institution Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study \_\_\_\_\_

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study \_\_\_\_\_

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study \_\_\_\_\_

**Other Graduate Education**

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study \_\_\_\_\_

**Medical Licenses**

Title: \_\_\_\_\_ Date Earned \_\_\_\_\_

Title: \_\_\_\_\_ Date Earned \_\_\_\_\_

Title: \_\_\_\_\_ Date Earned \_\_\_\_\_

**Specialty**

Which Specialty Have You Trained in?

Title: \_\_\_\_\_ Date Earned \_\_\_\_\_

**Residency**

Will you have completed a residency and be board certified in your specialty by July of next year? If no, please explain why.

\_\_\_\_\_ Yes, I have completed a residency and am board certified/I will sit for board exams within the next 12 months.

\_\_\_\_\_ No, I have not completed a residency and/or will not be board certified. (Please offer additional detail below.)

### Response Questions

1. Outline your reasons for applying for Partners Population Health Leadership Fellowship. Include a statement of interest that outlines your career objectives and how you see the fellowship helping you to further those objectives. (maximum 2 pages)

### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_