



IFDHE

**AHA Institute for Diversity
and Health Equity**

Certificate in Diversity Management in Health Care

Application

Registration for Enrollment – Certificate in Diversity Management – 2022

REQUIRED INFORMATION

Name

Last

First

Middle

Organization

Organization name

Work Address

Street

City

State

Zip Code

Home Address

Street

City

State

Zip Code

Communication

Primary Email Address

Office Number

Mobile Number



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Required Materials:

Letter of Support / Sponsorship: One letter from a direct supervisor confirming your role as an influential diversity, inclusion, and equity leader within the organization.

Personal Statement: In two pages or less, please describe your 3 goals for completing the CDM program. Additionally, describe how you will adjust your priorities to accommodate the 2-3 hours / week commitment encouraged in order to be successful. Please discuss your leadership or management experience focused on efforts to improve diversity, advance health equity, and reduce health disparities.

CV / Resume: Attach a resume or CV which includes the following information:

1. Academic information: degree(s), major/degree program, and dates of degrees earned.
2. Employment information including name, address, dates of employment, and nature of work/title.
3. Experience leading/managing DEI efforts
4. Professional affiliations, awards, or additional information such as publications

Registration Instructions

The registration deadline for the 2022 CDM cohort is November 8, 2021

Please send your completed registration materials to:

Benjamin Wilburn, Institute for Diversity and Health Equity, IFD-CDM@aha.org.

Payment Options

Tuition for active member organizations or two or more fellows from the same health care system is \$9,500; all other fellows who have completed their bachelor's degree is \$10,000. Full tuition is due at the start of the program unless otherwise arranged. Full tuition is required in order to receive a CDM certificate.



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Invoice my organization

Name of Organization:

Attention of (title if applicable):

Street Address Line 1:

Street Address Line 2:

City, State, Zip Code:

Pay by check

Please make check payable to Institute for Diversity and Health Equity and mail to:

Institute for Diversity and Health Equity
75 Remittance Drive, Suite 1072 Chicago, IL 60675-1072

Pay by credit card or ACH. Provide contact phone number:

Signature

I certify that all information submitted in this application and in any supporting documents of my candidacy for admission to the certificate program is complete and true to the best of my knowledge and belief. I understand that providing false and/or misleading information or failing to provide updated information can result in a withdrawal of an offer of admission.

By signing this application, I agree to:

- Attend all sessions associated with the CDM program including online instruction, in-person residency, DDAP consultation, and graduation
- Complete and submit all assignments by their due date
- Thoughtfully select and complete a project for the program
- Present my project within the program and at my home organization



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- Complete payment obligation at the start of the program
- Communicate with faculty and IFDHE staff members regarding program logistics, concerns, and absences

Signature: _____ **Date:** _____