Institute for Diversity and Health Equity
An affiliate of the American Hospital Association

A subsidiary of the

Knowledge Wisdom Innovation

American Leadership Council for Diversity in Healthcare
Institute for Diversity and Health Equity· An AHA Affiliate

Certificate in Diversity Management in Health Care Program

Application

Registration for Enrollment – Certificate in Diversity Management – 2020-201

REQUIRED INFORMATION

Name

Last | First | Middle | Former

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

Letter of Support / Sponsorship: A letter from a direct supervisor confirming you as an important diversity leader within the organization.

Personal Statement: In two pages or less, please describe your goals for completing the CDM program. Also describe how you will adjust your other responsibilities to accommodate the commitment of 2-3 hours / week required to be successful in this program. Discuss your leadership/management experience focused on efforts to improve diversity and reduce health disparities.

Resume: Attach a resume which includes the following information:

1. Academic information including degree(s) major if applicable, and dates of degrees earned.
2. Employment information including name and address of employer, dates of employment, and nature of work or title.
3. Experience managing/leading efforts to improve diversity and reduce health disparities.

Registration Instructions

The registration deadline for the 2020-2021 cohort is October 1, 2020. Please send your completed registration materials to:
Benjamin Wilburn, Institute for Diversity and Health Equity, IFD-CDM@aha.org.

Certificate in Diversity Management in Health Care Program

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 $10,500. 50% of the tuition is due at the start of the program. Full tuition is required in order to receive a CDM certificate.

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 _____

❑ Charge the entire amount ($9,500 or $10,500) to my credit card

❑ Charge half at the start of the program ($4,750 or $5,250), and half at completion ($4,750 or $5,250)

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:

- Complete all assigned course materials

- Select and complete a project for the program
- Present my project within the program and at my home institution
- Complete payment obligation

Signature: _____ Date: _____