



REGIONAL INSTITUTE FOR HEALTH AND ENVIRONMENTAL LEADERSHIP  
PRIMARY CARE MOVERS AND CHANGERS



FELLOW RESPONSIBILITIES AND AGREEMENTS – APPLICANT SIGNATURE PAGE

Fellows in the PRIMARY CARE MOVERS AND CHANGERS program must commit the time required to complete assignments and participate in four on-site "events" of three days duration at various venues around Colorado. It is the responsibility of the individual fellow to arrange their own transportation to and from the program events, and carpooling is encouraged. (The program can provide \$250 in support for each fellow for each event to cover the cost of expenses associated with participation, such as transportation, child care, etc.) In between the events, the fellows complete assignments such as self-assessments, readings, and work on primary care advocacy projects that require their leadership. Fellows must have regular, reliable access to the internet to participate in program activities. The program cannot assume any costs for the computer and communication systems used by the fellows. Fellows need to have the active support of their employers for this time commitment in the form of time away from work to participate in the on-site events. The nomination of the employer at the executive level is required as part of the application.

**To be completed by applicant:** I am willing and able to make the following commitments if invited to be a fellow in the *Primary Care Movers and Changers* program:

Please check the box if you agree to the following statements.

- A. I will commit the time necessary to **attend all program events**, will be an active contributor to the program, and agree to participate in group learning and evaluation activities.
- B. I will complete all assignments required during the program. The assignments include (and are not limited to):
  - Creating a two-page **policy brief** on a change in primary care for which I will advocate.
  - Meeting with one of my **elected officials** to advocate for that change in primary care.
  - Writing and submitting a **Letter to the Editor** about a desired change in primary care.
  - Writing and submitting a **report** on my leadership lessons learned in the program, including through the primary care advocacy work that I will do.
  - Completing leadership self-**assessments** and participating in a 360° assessment of my leadership behaviors.
  - **Interviewing** someone about their leadership philosophy and practices.
  - Meeting periodically with an **executive at my place of work** to inform them about what I am learning, and to enlist their support. (If not, please explain.)
- C. I have and will maintain regular, reliable access to the **internet** to participate in the activities of the program.

**As an applicant to the *Primary Care Movers and Changers* program, my signature below indicates that**

- 1. I have agreed to all three of the statements above.
- 2. I understand that a federal law known as "the Buckley amendment" imposes limitations on the release of student records without the consent of the student. I hereby authorize the Regional Institute for Health and Environmental Leadership to release any record relating to my participation in the *Primary Care Movers and Changers* program.
- 3. I authorize the use of my name and contact information as a participant in the program and in evaluations of the program.
- 4. I understand that as part of this program I may participate in the creation of web pages that may contain information about me, and I authorize the release of this information.
- 5. I understand that my acceptance into the *Primary Care Movers and Changers* program is conditional upon the satisfactory results of a criminal background check, and have completed the form granting permission and providing the necessary information to conduct this check.
- 6. I understand that this is my concurrence with and signature on a waiver, release, covenant not to sue and indemnity agreement on behalf of myself and any who may make a claim on my behalf protecting the Regional Institute for Health and Environmental Leadership, its faculty, staff, governing board, subcontractors and fiscal agents from the consequences of any unintentional harm caused to me arising out of my participation in the *Primary Care Movers and Changers* program.

ApplicantSignature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Date: \_\_\_\_\_

This **SIGNATURE PAGE** is part of the application to the *Primary Care Movers and Changers* program. Please complete and upload this signature page to your online application. Thank you.