

Exceptional Leadership



Alabama Primary Health Care Association

8244 Old Federal Road, Montgomery, AL

334.271.7068

www.alphca.com

Do you know what it takes to be an exceptional leader? APHCA's **Exceptional Leadership Program** will enhance fundamental and essential skills across 16 critical competencies that will set you apart as a great leader. Based on the best-selling book, *Exceptional Leadership: 16 Critical Competencies for Healthcare Executives*, the eight-part training and development Program will focus on practical strategies for goal setting, problem solving, and decision making necessary to achieve high performance across a health system. In addition to enhancing individual leadership effectiveness, the Program will improve the ability to recognize leadership competencies within existing and potential employees to maximize recruiting, retention, and development efforts.

Exceptional Leadership will be facilitated by APHCA CEO, Mary Hayes Finch, and led by Dr. Dan Gentry, Program Director and professor at the Master of Health Administration Program, University of Iowa, College of Public Health. Program fee includes the book, *Exceptional Leadership*, 64 hours of training, and lunch at each session. Training sessions will be held at the APHCA Training Center, Montgomery, AL. Participation is limited to the first 50 registrants.

Exceptional Leadership Fees

APHCA Members

\$750 for the first participant

\$350 for each additional participant

Non-Members

\$1,400 for the first participant

\$850 for each additional participant

Exceptional Leadership Schedule		
Exceptional Leadership: Part 1-2	February 6-7, 2019	8:30 am - 5:00 pm
Exceptional Leadership: Part 3-4	May 20-21, 2019	8:30 am - 5:00 pm
Exceptional Leadership: Part 5-6	August 6-7, 2019	8:30 am - 5:00 pm
Exceptional Leadership: Part 7-8	October 29-30, 2019	8:30 am - 5:00 pm

For more information, contact Marcia Daniel, mdaniel@alphca.com.

2019 REGISTRATION FORM

Company Name: _____

Contact Name: _____

Address: _____ Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Company Description: _____

AVAILABLE SELECTIONS:

Exceptional Leadership:

APHCA Member

\$750 for 1st participant

\$350 for each additional

Non-Member

\$1,400 for 1st participant

\$850 for each additional

PAYMENT:

Invoice

Check enclosed in the amount of \$_____ (Payable to APHCA - APHCA's Tax Id #63-0908204)

Please charge my: Mastercard Visa Discover AM/EX

*all credit card charges are subject to a 3.75% transaction fee

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Your signature constitutes an agreement to pay the amount indicated and acknowledged that registration fees are non-refundable and are due 10 days after registration.

To submit form, email completed version to mdaniel@alphca.com