



## Healthcare Leadership Program: Application Form

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### PERSONAL INFORMATION *(Please enter your name as it appears on your passport)*

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

GENDER:

Female

Male

E-MAIL:

WeChat ID:

CITIZENSHIP:

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### EMPLOYMENT

EMPLOYER:

LOCATION (Address  
& Province):

TITLE/ROLE:

Professor

Chair

President

Vice President

Other

DESCRIPTION OF  
RESPONSIBILITIES:

YEARS OF  
PROFESSIONAL  
EXPERIENCE

## EDUCATION

UNIVERSITY NAME:

COUNTRY:

DEGREE:

CLINICAL  
SPECIALTY

ENGLISH:

	Beginner	Intermediate	Advanced
Speaking			
Listening/ Comprehension			
Reading			
Writing			

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FUNDING:                      Self-funded  
                                      My institution is sponsoring me

*Please submit the application packet in the following order to [impinfo@gwu.edu](mailto:impinfo@gwu.edu).*

APPLICATION CHECKLIST                      Application form  
   Curriculum Vitae  
   Passport copy  
   One-page objective statement  
   Financial guarantee or sponsorship letter

### **Financial Guarantee or Sponsorship Letter**

If your government or institution is providing financial sponsorship for you to participate in this program, please provide an official letter on letterhead of the organization sponsoring you with a valid signature. The letter must indicate the effective start and end dates of your financial coverage and include a guarantee for the program fee plus all associated living expenses.