MADDEN
SCHOOL OF BUSINESS AT LE MOYNE

# Application for Health Care Leadership Certificate

## Personal Data

Legal Name (Last, First, Middle Initial) _____

Address _____ City_____ State_____ZIP_____

Email_____ Phone_____ Work Phone_____

Employer_____ Position_____

Employer Address _____

Date of Birth Month_____ Day _____ Year _____ ❑ Female ❑ Male

## Academic History

Please list below the college(s) you have attended.

| Institution (State, Country) | Dates Attended | Degree Recieved Y/N | Major |
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## Certificate Courses Required

- Chaos in Health Care: Directing the Evolution
- The Strategic and Creative Leader
- Making Leadership Contagious
- The Process of Health Care: Patient-Centered Management
- The Business of Health Care: Connecting the Dots

## Application to the Certificate Program

Please submit the completed certificate application, resumé, and an official transcript showing an earned bachelor's degree to the Office of Graduate Admission, Le Moyne College, 1419 Salt Springs Road, Syracuse, NY, 13214. Application, resumé and transcript can be submitted separately. Application questions can be directed to the Office of Graduate Admission at (315) 445-5444 or GradAdmission@lemoyne.edu. *The application, resumé and transcript can also be brought to the Madden School of Business at the time of registration.*

## To Register

To register for a certificate course, please contact the Madden School of Business MBA Office. The completed application, along with a resumé and an official transcript showing an earned bachelor's degree, must be received prior to registration for the first certificate course or they can be brought at the time of registration.

In addition, degree seeking or non-degree seeking students must have a completed immunization record and meningitis response form on file in the Health Services Office at Le Moyne College before taking their first course. These forms can be found at www.lemoyne.edu/wellness. *Questions regarding the forms can be directed to the Health Services Office located in Romero Hall at (315) 445-4440.*

## Contact

**Madden School of Business**
Grewen Hall 209K
(315) 445-4786
leadhealthcare@lemoyne.edu
www.lemoyne.edu/mba/healthcareleader

Signature_____ Date_____