



Physicians for Reproductive Health

Application: Leadership Training Academy

Applicant Information

About

Name

First

Last

Pronouns

Degree(s)

Institution & Department

Specialty

Title

Please check the box that applies to you:

- Complex Family Planning Fellow
- CFP Alumni
- Ryan or RHEDI Residency Director
- TEACH, RHAP Fellow
- TEACH, RHAP Alumni
- Other Physician

Primary Work Information

Work Address

Address Line 1

Address Line 2

City

State

Zip Code

Work Phone

Work Email

Personal Contact Information

Home Address

Address Line 1

Address Line 2

City

State

Zip Code

Personal Phone

Personal Email

Social Media Handle(s)

Direct Supervisor

Name

First

Last

Title

Supervisor's Phone

Supervisor's Email

Choose from the following options to describe your practice setting (check all that apply):

- University / Academic Hospital
- Private Practice
- Dedicated FP / Abortion Clinic
- Community Health Center
- Other

Policy

Are you registered to vote?

Yes No

If YES, Where?

State

Legislators and Districts (Look them up at usa.gov/elected-officials)

State Senator and District

State Representative and District

Senior U.S. Senator

Junior U.S. Senator

U.S. Representative and District

Grant-Reporting Data

The following information is for grant-reporting and program-customization purposes only. All information received will remain private and confidential. If it does not apply to you or you prefer not to disclose, please write NA.

Date of Birth

Physical or other Disability

Place of Birth

Sexual Orientation

Race/Ethnicity

Gender

How many times have you applied to LTA before now, if any?

If you've applied before, please share any new information or additional context PRH should consider when reviewing your materials for the Class of 2025.

Background and Experience

Statements

Please limit your answers to the following questions to 1800 characters each (approximately 260-450 words).

How does the Leadership Training Academy specifically align with your goals as a reproductive health, rights, and/or justice advocate?

Please describe your career plans and aspirations. What communities do you hope to serve and reach?

How has your advocacy changed/evolved since the Dobbs decision in June 2022?

Comment on your approach to learning in a cohort of leaders from diverse demographic backgrounds especially diverse identities of race, power, and privilege.

How do you use an anti-oppression lens in your work as a physician and what do you see is your role dismantling white supremacy in medicine?

Tell us about a time you engaged in a difficult conversation with a colleague or community member that challenged your values or belief system.

Experience

Which of the following four options best describes your experience and confidence with respect to speaking with the media? Choose 1 box only.

- Inexperienced and no confidence
- Inexperienced and some confidence
- Some experience and some confidence
- Experienced and confident

Rate Your Experience

For each item below, select a number between 1 and 4 to indicate your level of experience in that area, with 1 denoting “no experience” and 4 denoting “considerable experience”

	1	2	3	4
Community Organizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- U.S. medical education systems
- Letters to the editor, op-eds, blogs
- Testifying, lobbying, advocating for a cause

Leadership Positions

List any leadership positions you have held, the year(s) you held the position, and the name of the organization with which you held each position. This can include within your own institution (e.g. residency director), development and fundraising, public policy or community organizing on a local, state, or federal level, communications, medical associations, or research. Feel free to not duplicate items we will review on your CV.

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The following information is for grant-reporting and program-customization purposes only. All information received will remain private and confidential.

Do you provide procedural abortion care?
 YES NO

Do you provide medication abortion?
 YES NO

If you are an abortion provider, do you work at multiple sites or practices?
 YES NO

Up to how many weeks are you trained to provide?

Up to how many weeks do you currently provide?

Do you travel to provide abortion care? If so, where?

Do you provide care via telehealth? Abortion care? Gender affirming care? Please share.

CV & References

Please upload your CV in a PDF format using the file uploader.

Two references are required.

Please enter the following information for the individuals who can serve as your reference in case we need more information about your application.

Reference 1

Name

First

Last

Title

Relationship

Phone

Email

Reference 2

Name

First

Last

Title

Relationship

Phone

Email

Agreement and Signature

By checking the boxes below, you are in agreement with the following statements:

- I understand that successful completion of the LTA program is dependent upon active participation throughout the program year, October 2024-June 2025. This includes making arrangements ahead of time to be fully present for the virtual training, in-person training, and monthly webinars
- I have the full support of my direct supervisor to participate in the LTA, including the week-long virtual session, week-long in-person training, and monthly webinars.

If selected to participate in the Leadership Training Academy, I commit to:

Engage in respectful and supportive dialogue with the LTA cohort, PRH staff, and faculty. Use anti-oppression and reproductive justice lenses, and commit to making space for diverse voices. Prioritize inclusivity in race, gender identity, ability, background, and lived experience and center marginalized voices.

Serving as an active participant in the LTA and fulfilling my obligations to the program for the complete scheduled period, October 2024-June 2025.

Agreement and Signature

In submitting this application to the Leadership Training Academy, I attest to the accuracy of the information I have provided and acknowledge that the information is subject to verification by Physicians for Reproductive Health.

Please indicate your agreement by drawing or typing your name below.

Select Draw or Type at the signature box's lower right-hand corner to toggle between options.