



# 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
- RHEDI/TEACH 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](https://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 2026.**

## 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 or evolved over time? Please share one specific example.

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.*

**Grant-Reporting Data**

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**Do you provide procedural abortion care?**  
 YES  NO

**Do you provide medication abortion?**  
 YES  NO

**Do you provide gender affirming care?**  
 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? Describe services you provide via telehealth.**

# 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, September 2025-June 2026. 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, September 2025-June 2026.

Review and sign the Principles of Participation (see link below).

[Click here to preview the Principles of Participation](#) mentioned above.

## **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.*