

Please attach the completed Supervisor's Recommendation/Agency Commitment Form with your application. Feel free to use additional paper to answer any of these questions. If the application is not complete, it will be returned, causing a delay in the review process.

Name _____

Agency affiliation _____

Job title _____

Work address _____

Work phone _____ Fax _____

Email _____

Give a brief description of current job duties.

Supervisor name _____

Phone _____ Email _____

Years of professional experience ____ Yrs Years of health center experience ____ Yrs

How many years were you in supervisory/managerial positions? ____ Yrs

Describe what you think will be your next job.

Educational Background

High School _____ Year graduated _____

College _____ Year graduated _____

Graduated ____ No If no, number of college credits received ____ Credits

Are you interested in pursuing a graduate degree in management? ____ Yes ____ No

If no, why?

What are the three main objectives/areas of expertise that you would like to be able to perform/gain from your participation in the Advanced Financial Management Certificate Course?

1. _____

2. _____

3. _____

I understand that my enrollment in the Advanced Financial Management Certificate Course requires my commitment to attend all classes (5 weeks), pay for class materials as required and to participate fully in the curriculum. And, in exchange for my agency's supporting my participation by providing me with paid time-off to attend classes, I agree to continue working for my current employer for one year after graduation from the program.

MISSING CLASSES AND INCOMPLETE HOMEWORK ASSIGNMENTS WILL JEOPARDIZE YOUR CHANCES OF RECEIVING GRADUATE CREDITS FOR THE COURSE.

Applicant signature _____

Date _____

Supervisor's signature _____

Date _____

Executive director's approval _____

Date _____

2011 – 2012
Advanced Study in Health Center Financial Management
Certificate Course
SUPERVISOR'S RECOMMENDATION/
AGENCY COMMITMENT FORM

Supervisor's Recommendation

Applicant Name _____

Please complete the following or attach a signed recommendation letter.

I have supervised the applicant for ____ years, and have known the applicant's work
for ____ years.

(S)He is in the top ____ 5% ____ 25% ____ 50% ____ other of all the people I have
supervised. In five years, I expect the applicant to be able to assume a position as?

I recommend the applicant for participation in the community health center manage-
ment program ____ without reservation, ____ highly, ____ with reservations.

I base my recommendation on the following factors.

Supervisor's signature _____

As the applicant's Sponsoring Agency representative, I agree to pay a \$50 Agency
Registration Fee (\$50 maximum, regardless of the number of agency applicants.)
I agree to give enrolled employees paid time-off in order to attend the five classes and
to adjust their work requirements accordingly. I understand that all Advanced Financial
Management Certificate Course enrollees will commit themselves to continue employ-
ment with their sponsoring agency for at least one year following their graduation.

Sponsoring agency CEO/executive director signature

PLEASE RETURN COMPLETED APPLICATION AND \$50.00 APPLICATION
FEE BY MARCH 15 TO: MLCHC Admissions Committee, Advanced Financial
Management Certificate Course, 40 Court Street, 10th Floor, Boston, MA 02108

Additional applications may be found on our website:
[http://www.massleague.org/Programs/WorkforceDevelopment/SuffolkUniversity
CertificateProgram.php](http://www.massleague.org/Programs/WorkforceDevelopment/SuffolkUniversityCertificateProgram.php)