



Application for FHCACA Leaders Program Class of 2019-2020

Please complete this application and return by October 5 2019. Delegates can be nominated by a FHCACA member or district or may self-nominate. Space is limited to one delegate per district. Selected delegates will be notified of their acceptance by **December 1, 2019**.

Contact Information: PLEASE PRINT

Name: _____ Title _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Daytime Phone: _____ Cell Phone: _____
E-mail _____ Fax: _____

Nominated by:

Self _____ Other _____ (Please provide contact information below)
Name: _____ Title _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Daytime Phone: _____ Cell Phone: _____
E-mail _____ Fax: _____

District information:

District# _____ President _____
Current/Past district leadership positions _____

Background Information-(You may include a resume or other information)

How long have you been in activities? _____
Indicate any accomplishments in your _____

Indicate why you would like to be considered for the FHCACA leaders Program

Please send your completed application to:

**Jennifer Hayter, MT, ACC, Life Enrichment Director Arcadia Health & Rehabilitation
10095 Hillview Drive Pensacola, Fl 32514**

Phone: Phone 850 377-2931 Fax 850 479-4034

email : jHayter@gchc.com