



# FELLOWSHIP PROGRAM

2018-19 FELLOW APPLICATION

CONTINUING CARE LEADERSHIP COALITION





# CCLC FELLOWSHIP PROGRAM

## ABOUT THE PROGRAM

The Continuing Care Leadership Coalition (CCLC) Fellowship Program is a health care management experience designed to provide a “first job” experience for college graduates, and is supported by CCLC and its members. The program is a year-long, paid experience during which fellows are mentored by senior management staff at CCLC member organizations to gain firsthand experience with operations and management issues in long term care organizations.

## PURPOSE

The program seeks to develop a pathway for top-notch college graduates to experience working in the field of long term care, to understand the challenges of caring for older and disabled individuals, and to develop a passion for the field through a coordinated program at CCLC organizations.

## ELIGIBILITY

Applicants applying for this program for the 2018-19 year must meet the following criteria:

- Must be a graduate as of Spring 2018 or recent graduate before that date
- Must have a strong academic record of 3.0 or better on a 4.0 scale
- Must show a sincere interest in a career in health care management
- Must demonstrate excellence in extracurricular and community service activities
- Must be a US citizen or hold a permanent resident visa

Only first-time participants will be considered for the program.

## THE PROCESS

**Phase 1:** Completed applications are reviewed and candidates are selected for an interview with CCLC.

**Phase 2:** Students who successfully complete the CCLC interview are selected for a second round of interviews with our participating member organizations. Interviews at member organizations are based on the interest of the student and organizational preceptor availability.

**Phase 3:** Students accepted by both CCLC and the member organization are formally admitted into the CCLC Fellowship Program.

Placement depends on which organizations participate in the program. Our members are located in New York City and the greater metropolitan area. CCLC will also make an effort to choose a location that is convenient by car or public transit for the student.

Accepted students will attend a formal welcome session with CCLC at the start of the program. In addition to the program orientation, students will work individually with their host organization to process the appropriate documents for their employment.

## WHAT TO EXPECT

**The Project:** Each Fellow’s experience will be unique, but all Fellows will work with a primary preceptor for the duration of the year. The preceptor will guide the Fellows through departmental rotations and projects at their host organization. CCLC Fellows will give a presentation about their projects and experiences to CCLC staff and long term care organizations at the end of the year.

**Mentorship and Networking:** Each Fellow will receive mentorship throughout the program by their preceptor and CCLC. Fellows will also have the opportunity to meet with various leaders and experts in the health care industry through educational sessions at CCLC.

**Paid Fellowship:** The fellowship is paid. The annual salary, which will be at least \$30,000 plus benefits, is determined by the student’s host organizations. CCLC does not play a role in determining compensation.

**Lodging:** Fellows are responsible for finding their own housing in the New York Metro area for the duration of the year-long fellowship. CCLC does not provide housing for Fellows.

## COMMITMENT

Students must be available Monday through Friday, from 9:00 a.m. to 5:00 p.m. It is mandatory for students to attend the CCLC orientation and educational sessions in the metropolitan New York area.

Date*	Event
February 16, 2018	Application Deadline; applications must be postmarked by this date
February–March 2018	Interviews with CCLC and potential fellowship site
April 2018	Matching process complete (fellowships assigned)
June–July 2018	Program begins/half-day orientation at CCLC in New York City
December–January	Mid-year educational session
June–July 2019	Final educational session and program ends

*\* All dates are subject to modifications.*



# CONTINUING CARE LEADERSHIP COALITION FELLOWSHIP PROGRAM APPLICATION

## INSTRUCTIONS

Please complete this application by typing or printing legibly. If you need more space, please use additional sheets and identify each answer using the corresponding letters on the application. A resume or curriculum vitae is not an acceptable alternative to a complete application.

Please refer to the checklist at the back of this booklet to ensure that your application is complete. This program supports diversity and inclusion in health care management. Members of minority communities are strongly encouraged to apply.

Submit applications to [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org) with "CCLC Fellowship" in the subject line, or mail to: Roxanne Ten-Nelson, Senior Advisor, Continuing Care Leadership Coalition, 555 West 57th Street, 15th Floor New York, NY 10019.

**Application deadline: February 16, 2018**

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Are you prevented from lawfully working in this country because of visa or immigration status?  
Yes \_\_\_ No \_\_\_ (Proof of citizenship or immigration status will be required upon employment.)

### Present Address:

Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Permanent/Parents' Address:

Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Mailing Address: Present \_\_\_ Permanent/Parents' \_\_\_ Other (Please enter information below.) \_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ACADEMIC INFORMATION**

In addition to completing the information below, you will be required to submit proof of enrollment in your undergraduate school program (letter from the school indicating enrollment status), as well as all official transcripts from all schools attended.

I am classified as a:

Full-Time Undergraduate Student \_\_\_\_\_ Part-Time Undergraduate Student \_\_\_\_\_ Number of Hours \_\_\_\_\_

**Undergraduate Information:**

Name of Academic Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major \_\_\_\_\_ Grade Point Average (cumulative) \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Term Dates: Classes End For Spring 2018 \_\_\_\_\_

**TRANSPORTATION AND HOUSING REQUIREMENTS**

Applicants to this program will be placed in New York City or in the surrounding area. Fellows are responsible for obtaining housing in New York City or in the surrounding area.

Some of the placements within the program are outside New York City—for example, Long Island.

In the event that you are placed in one of these sites, would you have access to a car? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL STATEMENT**

On a separate sheet of paper, please prepare a personal statement, maximum of 500 words, stating the following:

- Interest in health care management
- Experience to date, including work and service history
- Career goals
- Three major objectives for your fellowship

**RESUME**

Please provide your resume as a separate component.

**TRANSCRIPTS**

Send complete official transcripts from all colleges and universities. Official transcripts may be sent by mail or electronically to [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org).

**RECOMMENDATIONS**

Choose at least three (3) people as references who are knowledgeable about your abilities and performance. Select at least one faculty member, one supervisor, and one volunteer community service supervisor. Recommendations are not limited to these individuals. Personal recommendations from family members or friends will not be accepted.

Print your name on the reference form included in this application packet and send one to each of your references. The reference forms may be copied. To ensure prompt processing of your application, please follow up with your references to be certain they return the completed forms to you, or submitted directly to CCLC, before the application deadline

**ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. THERE WILL BE NO EXCEPTIONS.**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize verification of all information in this application as it relates to the selection process.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the CCLC Fellowship Program?

Career Counseling Office

Website (please indicate):

Other (please indicate): \_\_\_\_\_

\_\_\_\_\_

# CCLC FELLOWSHIP

## RECOMMENDATION FORM

Your name has been given as a reference for the applicant whose name appears on this form. Your comments are confidential and will be reviewed by the Continuing Care Leadership Coalition (CCLC) Fellowship Selection Committee. Please return the recommendation form and letter of recommendation in a sealed envelope to the applicant who requested it from you, or e-mail it directly to [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org). Student applications and recommendation forms must be received or postmarked by February 16, 2018, to be considered. If you have any questions about this recommendation form, please contact Roxanne Tena-Nelson at (212) 258-5330 or [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org) with "Fellowship Reference" in the subject line. Thank you for your efforts on behalf of this applicant.

The CCLC Fellowship is a health care management experience designed to provide a "first job" experience for college graduates, and is supported by the CCLC and its members. The program is a year-long, paid experience during which fellows are mentored by senior management staff at CCLC member organizations to gain firsthand experience with operations and management issues in long term care organizations.

The CCLC Fellowship Selection Committee is interested in learning about this applicant's:

- Ability to be successful in a professional working environment
- Past success, whether at school, in the work place, or in the community
- Interest in and commitment to health care management

Applicant Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Evaluator's Title \_\_\_\_\_

School/Agency \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RATING SCALE

Please complete the rating scale below and submit along with letter of recommendation for the applicant.

Categories	Superior	Good	Average	Poor	N/A
Leadership Skills					
Critical Thinking Ability					
Motivation					
Oral Expression					
Empathy for Others					
Ability to Work with Others					
Self-Confidence					
Maturity					
Reliability and Responsibility					
Breadth of Intellectual Interest					

# CCLC FELLOWSHIP

## RECOMMENDATION FORM

Your name has been given as a reference for the applicant whose name appears on this form. Your comments are confidential and will be reviewed by the Continuing Care Leadership Coalition (CCLC) Fellowship Selection Committee. Please return the recommendation form and letter of recommendation in a sealed envelope to the applicant who requested it from you, or e-mail it directly to [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org). Student applications and recommendation forms must be received or postmarked by February 16, 2018, to be considered. If you have any questions about this recommendation form, please contact Roxanne Tena-Nelson at (212) 258-5330 or [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org) with "Fellowship Reference" in the subject line. Thank you for your efforts on behalf of this applicant.

The CCLC Fellowship is a health care management experience designed to provide a "first job" experience for college graduates, and is supported by the CCLC and its members. The program is a year-long, paid experience during which fellows are mentored by senior management staff at CCLC member organizations to gain firsthand experience with operations and management issues in long term care organizations.

The CCLC Fellowship Selection Committee is interested in learning about this applicant's:

- Ability to be successful in a professional working environment
- Past success, whether at school, in the work place, or in the community
- Interest in and commitment to health care management

Applicant Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Evaluator's Title \_\_\_\_\_

School/Agency \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RATING SCALE

Please complete the rating scale below and submit along with letter of recommendation for the applicant.

Categories	Superior	Good	Average	Poor	N/A
Leadership Skills					
Critical Thinking Ability					
Motivation					
Oral Expression					
Empathy for Others					
Ability to Work with Others					
Self-Confidence					
Maturity					
Reliability and Responsibility					
Breadth of Intellectual Interest					

# CCLC FELLOWSHIP

## RECOMMENDATION FORM

Your name has been given as a reference for the applicant whose name appears on this form. Your comments are confidential and will be reviewed by the Continuing Care Leadership Coalition (CCLC) Fellowship Selection Committee. Please return the recommendation form and letter of recommendation in a sealed envelope to the applicant who requested it from you, or e-mail it directly to [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org). Student applications and recommendation forms must be received or postmarked by February 16, 2018, to be considered. If you have any questions about this recommendation form, please contact Roxanne Tena-Nelson at (212) 258-5330 or [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org) with "Fellowship Reference" in the subject line. Thank you for your efforts on behalf of this applicant.

The CCLC Fellowship is a health care management experience designed to provide a "first job" experience for college graduates, and is supported by the CCLC and its members. The program is a year-long, paid experience during which fellows are mentored by senior management staff at CCLC member organizations to gain firsthand experience with operations and management issues in long term care organizations.

The CCLC Fellowship Selection Committee is interested in learning about this applicant's:

- Ability to be successful in a professional working environment
- Past success, whether at school, in the work place, or in the community
- Interest in and commitment to health care management

Applicant Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Evaluator's Title \_\_\_\_\_

School/Agency \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RATING SCALE

Please complete the rating scale below and submit along with letter of recommendation for the applicant.

Categories	Superior	Good	Average	Poor	N/A
Leadership Skills					
Critical Thinking Ability					
Motivation					
Oral Expression					
Empathy for Others					
Ability to Work with Others					
Self-Confidence					
Maturity					
Reliability and Responsibility					
Breadth of Intellectual Interest					

# CCLC FELLOWSHIP

## APPLICATION CHECKLIST

Use the following list to be sure that you have all the documents needed to be considered for participation in the CCLC Fellowship Program:

- \_\_\_\_\_ Original application and all other required documents. (Only properly completed applications will be considered.)
- \_\_\_\_\_ Proof of enrollment in an undergraduate school program (letter from your college or university indicating enrollment status).
- \_\_\_\_\_ Complete official transcripts from all colleges and universities attended. Official transcripts are sealed by the school or electronically submitted from the school.
- \_\_\_\_\_ Personal statement, maximum of 500 words, stating:
  - Interest in health care management
  - Experience to date, including work and service history
  - Career goals
  - Three major objectives for your fellowship
- \_\_\_\_\_ Three (3) completed Recommendation Forms submitted by a faculty member, employer, volunteer service supervisor, or an equivalent source.
- \_\_\_\_\_ Complete resume, including volunteer and community service experience.

Submit application and all other required documentation to [jobs@cclcnyc.org](mailto:jobs@cclcnyc.org) or mail to:

Roxanne Tena-Nelson  
Continuing Care Leadership Coalition  
555 West 57th Street, 15th Floor  
New York, NY 10019

**APPLICATION DEADLINE: FEBRUARY 16, 2018**