

Application: EHDI Provider Education Center Emerging Leaders Program

Supported by the AAP EHDI Provider Education Center

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The American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention Provider Education Center (EHDI PEC), with support from the Maternal and Child Health Bureau (MCHB), is excited to launch the Emerging Leaders Program. This initiative is aimed at increasing knowledge, confidence, and leadership skills among healthcare providers working within the EHDI system. Participants will engage in interdisciplinary mentorship, networking, and training while contributing to the development of an innovative training EHDI curriculum to support other programs nationwide

If you are interested in this opportunity, complete this application form. Please note, all participants are expected to have read and reviewed the Call for Applications for full program details.

* 1. Please provide the following personal and professional details:

Full Name	<input type="text"/>
Pronouns	<input type="text"/>
Email Address	<input type="text"/>
Current Position/Job Title	<input type="text"/>
State/Territory	<input type="text"/>

* 2. Discipline/Field of Practice:

For this cohort, we are focusing on primary care providers who serve children. Please indicate the type of primary care provider you are or the type of provider you are, noting that you do not need to be a pediatric provider to apply:

- General Pediatrician
- Family Medicine Physician
- Internal Medicine/Pediatrics
- Nurse Practitioner
- Physician Assistant
- Other (please specify):

* 3. Please indicate the location of the patients/families you serve (check all that apply):

- Tribal
- Suburban
- Urban
- Rural
- Frontier

* 4. Have you previously participated in any mentorship or training programs specifically related to EHDI? If so, please describe the programs you've been involved in, including the scope of the program and any key insights or skills you gained.

- Yes
- No

* 5. If yes, please provide details in open comment box (*limit 200 words*)

* 6. Please submit a resume, CV, or NIH biosketch. We ask that your submission be limited to 4 pages maximum. These answers have logic applied

Choose File

Choose File

No file chosen

7. Which of the following racial/ethnic designations best describe you? Please check all that apply:

- American Indian/Alaska Native
- Asian/Asian American
- Black/African American
- Hispanic
- Latino/Latina/Latinx
- Middle Eastern or North African
- Native Hawaiian/other Pacific Islander
- White
- Prefer to self identify (open ended)

8. What is your gender identity:

- Female
- Male
- Non-binary
- Prefer to self describe (open ended)

9. Do you identify as d/Deaf or hard of hearing?

- Yes
- No
- Prefer not to say

* 10. Why are you interested in participating in the EHDI PEC Emerging Leaders Program?
(Include any relevant skills, knowledge, or experiences you hope to gain or contribute. Please keep your response within 300 words)

11. What do you hope to achieve through mentorship and participation in this program?
(Include any specific areas of leadership, clinical skills, or systems knowledge you want to develop. Please keep your response within 300 words)

* 12. Describe any experiences you have had working with underrepresented or underserved populations, including rural or other minoritized communities: *Please keep your response within 300 words.*

* 13. What is your current experience working with children who are D/HH or engaging with the EHDI system? *(Please describe your involvement, including any relevant roles, responsibilities, or interactions. Keep your response within 300 words.)*

* 14. What are your current goals for professional mentorship?(*What kind of mentor would you benefit from? For example, someone with expertise in the EHDI system, leadership, working with diverse populations, etc. Please keep your response within 300 words*)

* 15. Which specific skills or areas of expertise are you looking to develop through mentorship?(*Check all that apply*)

- Leadership development
- Systems improvement
- Clinical skills
- Family engagement
- Diversity, equity, and inclusion
- Other (please specify):

* 16. Are you able to commit to participating in monthly virtual sessions and two one-on-one mentorship sessions over a 6-month period?

- Yes
- No

17. Do you have any additional needs or requests to help you participate fully in this program? (*e.g., accessibility accommodations*)

18. Is there anything else you'd like us to know about your application? (*This can include any additional professional or personal experiences that are relevant*)