

MASTER OF HEALTH SCIENCES IN CLINICAL LEADERSHIP PROGRAM

PRELIMINARY APPLICATION:

The preliminary application provides early feedback from the Admission Committee. We will examine your background and experience, and evaluate your eligibility to enter the Program before you approach

your organization for commitment to attend or before you complete the full application package. The information you provide will be held in strict confidence.

Personal Information

Name (last) _____ (first) _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Home Fax _____

Home E-mail _____ Date of Birth _____

Employment Information

Organization _____

Title/Position _____

Office Address _____

City _____ State _____ Zip _____

Office Telephone _____ Office Fax _____

Office E-mail _____ Web site URL _____

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Describe your responsibilities

List all previous positions held in the past five years, or since completion of your undergraduate degree. Use additional pages as needed or attach your resume/CV.

Dates/ Organization

Position(s)

Education

List in order attended, all colleges, universities and other institutions since graduating from high school, including professional non-degree programs.

Dates attended institution

GPA

Degree/ Date

Michelle J. Lyn, MBA, MHA

Duke University

Master of Health Sciences in Clinical Leadership Program

Department of Community and Family Medicine

P.O. Box 2914 DUMC

307 Hanes House

Durham, NC 27710

Phone: (919) 681-5744

Fax: (919) 681-3371

E-mail: ClinicalLeadership@mc.duke.edu

Website: <http://clinical-leadership.mc.duke.edu>