

Administrative Fellowship:

The Kaiser Permanente Northwest Fellowship program recognizes talented early careerists who can develop their skills and leadership potential in a dynamic and unique environment. The fellowship program is structured to maximize the learning opportunities for fellows as well as to support the operational needs of the organization.

The goals of the fellowship program are to:

- ▶ Identify promising candidates for management and future leadership positions within Kaiser Permanente.
- ▶ Provide fellows with an educational and “hands-on” experience that will contribute to their professional development and understanding of Kaiser Permanente.
- ▶ Create opportunities to enhance skills in project development, strategic implementation, and operations management.

The fellowship program allows for learning opportunities at both the professional and personal level as well as a balance between project and operational work. Learning opportunities include:

- ▶ Hospital and Outpatient Operations
- ▶ Strategic and Market Planning
- ▶ Facility Planning
- ▶ Leadership skills
- ▶ Analytic skills
- ▶ Communication skills

Dental Administrative Fellowship:

The Kaiser Permanente Dental Administrative Fellowship program provides a comprehensive experience in the nation’s largest integrated group dental practice. Kaiser Permanente is the largest non-profit health system in the United States and the Northwest region is a national leader in integrated medical and dental care. The fellowship is an outstanding opportunity for an exceptional student to gain experience and understanding in the full spectrum of oral health finance and services as it relates to an integrated system of care.

Fellows will gain first-hand exposure to all aspects of KPNW’s integrated Dental Care Program. Learning Opportunities include:

- ▶ Clinical and Health Plan Operations
- ▶ Health Services Research through Kaiser Center for Health Research
- ▶ Community Benefit and Policy Engagement
- ▶ Dental and Medical integration

Administrative Fellowship Application

Please select the Fellowship Program of interest for Kaiser Permanente Northwest:

Administrative Fellowship Program

Mitch Greenlick Administrative Fellowship Program

Section 1 - Pre-Screening Questions

1. Do you have at least 1 year of clinical experience working in a hospital or clinic?

Yes No

For the Mitch Greenlick Fellowship Program:

a. Do you have experience in Research and Development?

Yes No

b. Do you have any direct experience in Dental?

Yes No

2. Have you completed and received a bachelor's degree?

Yes No

3. Have you completed at least one year of graduate school?

Yes No

4. Have you applied to another fellowship in Kaiser Permanente outside of the Northwest region?

Yes (If yes, please select the region): KPNW NCal SCal

No

5. What Region is your preference? Please number on a scale of 1-3 (1 being your preferred and 3 being your least preferred):

KPNW

NCal

SCal

Section 2 - Self Identification

First Name: _____ Middle Name: _____ Last Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Section 3: Educational Information

Graduate School 1

School Name: _____

Master's Program: _____

City: _____ State: _____

Expected Graduation Date (Month/Year): _____

Graduate School 2 *(optional)*

School Name: _____

Master's Program: _____

City: _____ State: _____

Expected Graduation Date (Month/Year): _____

Undergraduate School 1

School Name: _____

City: _____ State: _____

Degree Received: _____

Minor Received (if applicable): _____

Undergraduate School 2 *(optional)*

School Name: _____

City: _____ State: _____

Degree Received: _____

Minor Received (if applicable): _____

Section 4: Leadership Experience

Please list your leadership skills and or experience:

Section 5: Clinical Experience (preferred)

Organization 1

Organization Name: _____

Dates of Employment: _____ - _____

Briefly describe what you did for this organization (300 words or less):

Organization 2 (*optional*)

Organization Name: _____

Dates of Employment: _____ - _____

Briefly describe what you did for this organization (300 words or less):

Organization 3 (*optional*)

Organization Name: _____

Dates of Employment: _____ - _____

Briefly describe what you did for this organization (300 words or less):

Section 6: Dental, Research and/or Policy Experience (Mitch Greenlick only) - (preferred)

Organization 1

Organization Name: _____

Dates of Employment: _____ - _____

Briefly describe what you did for this organization (500 words or less):

Organization 2 (*optional*)

Organization Name: _____

Dates of Employment: _____ - _____

Briefly describe what you did for this organization (500 words or less):

Organization 3 (*optional*)

Organization Name: _____

Dates of Employment: _____ - _____

Briefly describe what you did for this organization (500 words or less):

Section 7: Personal Statement (Please limit your statement to 300-500 words or less)

In your statement, please discuss your decision to pursue a fellowship, and specific expectations about Kaiser Permanente fellowship, the specific skills you would bring to the fellowship, and your career objectives following the fellowship.

Section 8: Short Essay (Please limit your statement to 300 words or less):

For the short essay question, please answer ONE of the following questions below:

- A. Tell us about a time when you had a significant impact on a person, group, or organization.
- B. Describe what distinguishes you from another applicant.
- C. Describe a failure or set back that you have experienced. What role did you play, and what did you learn about yourself?

Section 9: Attach Resume or Cover Letter

My resume is attached to the submission email.

My cover letter is attached to the submission email.

Section 10: Attach list of volunteer work, if applicable

My volunteer work is attached to the submission email.

Section 11: Attach a copy of unofficial transcripts. Please note, official transcripts need to be mailed in to the address shown on the application.

My unofficial transcripts are attached to the submission email.

Section 12: References

Professional Reference Name: _____

Phone Number: _____ Email address: _____

Academic Reference Name: _____

Phone Number: _____ Email address: _____

Section 13: Electronic Signature

I attest that all the information listed on this application is correct to my best ability.

Yes No

Sign your full name here:

Submit your application.

1. Email portion:

Please submit your application via email to: kpnwcareers@kp.org with the subject line "2018 KPNW FELLOWSHIP APPLICATION – APPLICANT FULL NAME"

Include the following attachments:

- this form
- your resume and/or cover letter
- volunteer work (if applicable)
- your unofficial transcripts

2. Mailed materials:

Please mail the following items in one packet. *UPS or FEDEX is highly recommended.*

- official transcripts
- academic reference (References MUST have signature across the seal.)
- professional reference (References MUST have signature across the seal.)

Mail to:

ATTN: Diverse Talent Planning Associate, KPB-13
Kaiser Permanente, Integrated Talent Planning
500 NE Multnomah ST
Portland, OR 97232