

MANAGING HEALTHCARE DELIVERY



APPLICATION FOR ADMISSION

PLEASE SPECIFY SESSION DATE: _____

Please answer all questions. Application must be fully completed and signed before review by the Admissions Committee.

Please type or print legibly.

Reminder: If applying as part of a group, each individual candidate must complete a separate application for admission.

A limited number of needs-based, partial scholarships are available to be applied towards program tuition. After applying and being accepted to the program, participants may send a brief statement of need for review by the financial aid committee. For more information, please contact the HBS Healthcare Initiative at healthcare_initiative@hbs.edu or 1-617-495-6126.

GENERAL INFORMATION

NAME:

Last (family)

First

Middle Initial

Prefix (Mr., Ms.)

Suffix (Jr., II)

NICKNAME/FAMILIAR NAME FOR NAME BADGE:

MALE

FEMALE

COUNTRY OF CITIZENSHIP:

DATE OF BIRTH:

Month/Day/Year

TITLE OR POSITION:

DIVISION *(if applicable):*

COMPANY/ORGANIZATION NAME:

COMPANY/ORGANIZATION ADDRESS:

(P.O. boxes accepted outside U.S.)

Street

City

State/Country

Zip Code/Postal Code

COMPANY/ORGANIZATION TELEPHONE:

FAX:

COMPANY/ORGANIZATION WEBSITE:

EMAIL:

ULTIMATE PARENT COMPANY:

YOUR HOME ADDRESS:

Street

City

State/Country

Zip Code/Postal Code

HOME TELEPHONE:

MOBILE TELEPHONE:

ARE YOU APPLYING AS:

GROUP

INDIVIDUAL

PREFERRED MAILING ADDRESS:

BUSINESS ADDRESS

HOME ADDRESS

LANGUAGE PROFICIENCY

Proficiency in spoken and written English is essential for participation in Harvard Business School Executive Education programs.

PLEASE RETURN THIS APPLICATION:

BY MAIL:

ADMISSIONS COMMITTEE
Managing Healthcare Delivery
Harvard Business School
Soldiers Field
Boston, MA 02163-9986 U.S.

ONLINE:

Applications may be submitted
online at: www.exed.hbs.edu

BY FAX:

ADMISSIONS COMMITTEE
Managing Healthcare Delivery
Fax: +1-617-496-1731

For questions on the status of your submitted application, please call +1-617-495-6226.

CONFIDENTIAL: The information you provide below is for use by the Admissions Committee only.

ORGANIZATION

	YOUR ULTIMATE PARENT COMPANY	YOUR COMPANY/DIVISION
Products/Services:	_____	_____
Annual Sales Volume (in U.S. dollars):	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Number of Employees:	_____	_____
How many reporting levels are above you, including the chief executive officer of the parent company?	_____	
What is the title of the person to whom you report?	_____	
Please describe your organizational hierarchy or provide an organizational chart.	_____	

WHAT FUNCTION BEST DESCRIBES YOUR POSITION? (check one only):

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/Control | <input type="checkbox"/> Logistics | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing/Operations | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sales |
| <input type="checkbox"/> General Management | <input type="checkbox"/> Planning | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Project Management | <i>specify:</i> _____ |
| <input type="checkbox"/> Law | <input type="checkbox"/> Public Relations | |

ANNUAL COMPENSATION (INCLUDING BONUS) IN U.S. DOLLARS (check one only):

- | | | |
|--|--|--|
| <input type="checkbox"/> <\$100,000 | <input type="checkbox"/> \$151,000–\$200,000 | <input type="checkbox"/> \$301,000–\$500,000 |
| <input type="checkbox"/> \$101,000–\$150,000 | <input type="checkbox"/> \$201,000–\$300,000 | <input type="checkbox"/> >\$500,000 |

WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with your current one. If all positions are in the same company, please give the major promotional sequence.

NAME OF COMPANY	TITLE OR POSITION	FROM <i>Month/Year</i>	TO <i>Month/Year</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ESTIMATE YOUR TOTAL YEARS OF PROFESSIONAL EXPERIENCE: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION AND/OR BUSINESS UNIT.

PLEASE DESCRIBE YOUR CURRENT RESPONSIBILITIES, INCLUDING YOUR LEVEL IN THE ORGANIZATION.

PLEASE EXPLAIN YOUR OBJECTIVES AND GOALS AS THEY RELATE TO ATTENDING THIS PROGRAM. ALSO DESCRIBE WHAT YOU THINK OTHER PROGRAM PARTICIPANTS MAY LEARN FROM YOU (E.G., PERSPECTIVES, SKILLS, EXPERTISE).

WHAT ARE THE MOST FORMIDABLE CHALLENGES FACING YOUR ORGANIZATION AND/OR BUSINESS UNIT?

EDUCATION

DEGREE (*check only highest level attained*): High School Two-Year College BS/BA MS/MA MBA Harvard MBA JD/Law PhD MD Foreign Diploma Other

UNIVERSITY: _____ YEAR: _____

HAVE YOU ATTENDED OTHER HARVARD BUSINESS SCHOOL PROGRAMS?

PROGRAM NAME _____ DATE _____

HOW DID YOU LEARN ABOUT THIS PROGRAM?

Direct mail package HBS Executive Education website Online advertisement Social media
 HBS email notification Internet search Print advertisement Other (*specify*): _____

