Program Director Support Form

Applicant Name: _____

The above-named person is applying to participate in the Association of Pediatric Program Directors' Leadership in Empowerment for Advancing Educational Specialists Program (APPD LEAPES). APPD LEAPES is a nationally recognized program with a mission to enhance the knowledge, skills, and networking for Pediatric Graduate Medical Education Specialists who wish to gain expertise needed to successfully guide their graduate medical education programs and advance their GME careers. Please review the following information and sign acknowledging your support of the applicant.

Thank you for your cooperation and assistance.

APPD LEAPES Council
Carrie Johnson, MBA
Gretchen Shawver, BS
Cherie Lewis, MPH

Date: _____

I support the above-named individual's application to APPD LEAPES. This support includes

- Commitment to pay tuition of $6,000.00
- Commitment to support the applicant with resources and time needed to complete the required project and attend the monthly virtual intersession meetings
- Commitment to provide travel expenses and time away for the applicant to attend 3 LEAPES conferences, including the Spring APPD meeting

Signature and Title:

_____
Signature

_____
Title