



MVMA Power of Ten Leadership Academy

Participant Application Form

For graduates out of school seven years or less.

Name	
Email	
Cell Phone	
School & Year of Graduation	

If selected for the Academy, we'd like to share your contact information with your POTL colleagues. Please provide your employment information below, including the name of the practice owner, the address, and practice where you're employed.

Practice Owner	
Practice Name	
Street Address	
City, State, Zip	
Daytime Phone	

Statement of Participation

Briefly express why you're interested in participating in the Leadership Academy.

Professional, Community & Collegiate Activities

List organizations, clubs and/or committees in which you actively participate or held office, recently or in veterinary school.

A letter of recommendation is suggested but not required.

Enrollment is limited to 10-12 MVMA members per year.

There is no cost to participate and MVMA will provide speakers and food for attendees.

The completed application, picture for identification purposes, and any letters of recommendation, should be sent to:

Michigan Veterinary Medical Association
 2144 Commons Parkway • Okemos, MI 48864
 Phone: 517/347-4710 • Fax: 517/347-4666 • mvma@michvma.org