



Where Scholars Learn to Lead

APPLICATION Department Head Certification Training

Name: _____

Institution: _____

Department: _____

Mailing Address: _____

Work Phone: _____ Mobile Phone: _____

Email: _____

Current Rank and Years in Higher Education: _____

Are you currently a program coordinator or department chair/head? Y/N _____

**Mentoring is critical to the program. If you do not currently have a leadership mentor, we can help you; however, we believe the mentoring process is organic and that you should ultimately select the mentor who is right for you. Consider these characteristics when selecting a mentor: kinesiology administrator with at least 5 years experience, similar type institution, mutual respect for each other, and someone who is as committed to this process as you are.*

Do you have a current leadership mentor? Y/N _____

Would you continue working with your current leadership mentor during your participation with DHCT? Y/N _____

If you do not have a leadership mentor, we are going to give you suggestions and will finalize your mentor assignment during the DHCT workshop this summer.

STATEMENT OF AGREEMENT

Department Head Certification Training

I _____ understand that the NAKHE Department Head Certification Training is a one-year program. I pledge to fully participate during the entire program. My participation to the program includes:

- Self-assessment and professional/leadership goal development - DUE before the DHCT Summer workshop (June 15th, 2019) after acceptance to the program
- Face-to-face training (DHCT 2019 summer workshop)
- Attendance at the Leadership Development Workshops (LDW) following the DHCT summer workshop: Optional attendance at succeeding LDWs encouraged
- Mentor/protégé relationship
- Professional experience project development and implementation:
 - Project plan DUE August 31st, 2019,
 - Project update presentation DUE during the pre-conference administrator workshop, NAKHE 2020 Annual Conference
 - Project report DUE June 15th, 2020 before Summer 2020 LDW

I understand that I will not receive the department head training certification, which will be awarded during the 2021 NAKHE Annual Conference if I fail to complete any of the aforementioned components of the program.

Signed _____ Date _____

The following mentor statement of agreement will only be completed if you have a current leadership mentor who agrees to work with you during the DHCT program and will work with the NAKHE Leadership Institute to ensure your successful completion of the program requirements.

MENTOR STATEMENT OF AGREEMENT

Department Head Certification Training

I _____ agree to serve as a leadership mentor to _____. As a mentor, I am going to

- review and provide feedback to my mentee's self-assessment and professional/leadership goal development
- meet my mentee in person at any of the following NAKHE events:
 - Summer DHCT
 - Summer LDW
 - Annual NAKHE Conference
- document mentor/protégé monthly interactions
- provide guidance on my mentee's Leadership Project throughout its development, implementation and reporting

I agree to serve as a resource for his/her professional leadership experiences and will be available to him/her throughout the entire DHCT program for guidance. I understand that my mentee will not receive the department head certification if he/she fails to complete any component of the program.

Signed _____ Date _____