**Where Scholars Learn to Lead**

**APPLICATION**

**Department Head Certification Training**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 in the program includes:

* Self-assessment and professional/leadership goal development - DUE June 17th, 2024 after acceptance to the program
* Face-to-face training during the DHCT 2024 summer workshop on July 10th-12th, 2024
* Attendance at the Leadership Development Workshops (LDW) coinciding with the DHCT summer workshop: Optional attendance at succeeding LDWs encouraged.
* Mentor/protégé relationship.
* Professional experience project development and implementation:
  + Project plan DUE September 16th, 2024,
  + Project update presentation DUE December 16th, 2024 before the pre-conference administrator workshop, NAKHE 2025 Annual Conference
  + Project report DUE June 15th, 2025 before Summer 2023 LDW
  + Project presentation at the NAKHE 2026 Annual Conference
* Participation in LI-DHCT Community Building Activities (webinars, etc.)

I understand that I will not receive the department head training certification, which will be awarded during the 2026 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 an 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
* ensure a synopsis of monthly mentor/protégé interactions is documented and included in the project update presentation at the NAKHE annual conference
* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_