



Florida Academy of  
Collaborative Professionals  
*Your Divorce: Your Decisions*



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[www.collaborativepracticeflorida.com](http://www.collaborativepracticeflorida.com)

**I. Applicant**

Name:

Mailing Address:

Phone:

Email:

Profession:

Firm/Employer:

**II. Nominating Practice Group:**

Practice Group Name:

Contact name:

Phone:

Email:

Positions you've held in your Practice Group governance:

Other Practice Group Affiliations:

### **III. Community Involvement**

Please list your memberships and positions with community organizations in the past 5 years. (These could be related or unrelated to your collaborative work; if these are included on your CV you do not need to repeat them here):

List when you completed a 2-day Introductory Collaborative Training, where you completed it, and who were the trainers.

#### **IV. Getting to Know You**

Tell us one interesting thing about you that people in your professional circles don't necessarily know that informs your leadership interest and skills:

Leadership Fellows are expected to take on leadership roles in our Collaborative community. How do you intend to put the leadership skills you learn in the Institute to use, both immediately and longer term?

What do you hope to gain from the Leadership Institute?

**V. CV - Please attach your CV to this application**

## **VI. Letters of Recommendation**

Please provide two letter of reference/recommendation. One must be from your Practice Group president or co-chair.

## **VII. Undertaking**

**If selected as FACP Leadership Institute Fellow, I understand that I am committing to attend all sessions and fulfill all other requirements listed in this application, and that I am expected to be involved in leadership roles in our Collaborative Practice community, locally, statewide, and/or internationally.**

Signature:

Date: