

## Children's Hospital Los Angeles Leadership Education in Adolescent Health (LEAH) Fellowship 2024–2025 Application

### Application Instructions

This is the application form at a glance is to help you prepare your application materials in advance. Please submit your interest in the program using the [electronic form here](#). Please submit your application attachments to [leah@chla.usc.edu](mailto:leah@chla.usc.edu) after submitting the electronic form.

### Program Overview

The LEAH Program at CHLA will take place from **September 16, 2024, to May 12, 2025**. We encourage interested participants to submit their application early, since we will be reviewing submissions as they come in. Priority consideration will be given to applications submitted by **Friday, June 13, 2024**. However, the LEAH Program will accept applications on a rolling basis through **Friday, June 28, 2024**.

### Program format:

- **Long-term track:** Participants will be required to participate in person every Monday. Our offices are located at 3250 Wilshire Blvd., Los Angeles, CA 90010. There will be occasional hybrid or virtual training activities.
- **Medium-term track:** We anticipate that our curriculum will be delivered in a hybrid format and participants will be required to attend some in-person and virtual training activities. Required in-person dates will be provided at the start of the training year.

### Please note:

- **COVID-19 Policy:** To be eligible for admission into the program, applicants must be fully vaccinated against COVID-19 and comply with booster requirements as appropriate. Proof of vaccination will be required. There are no exemptions.
- **University Agreements:** Our institution will need to have an agreement with your university. Please contact us to confirm before submitting your interest in the program.
- **Stipend Eligibility:** Medium-term fellows are not eligible for stipends. Stipends for long-term fellows may be available. To discuss your eligibility, please contact us.

**Personal Information**

**Name:**

\_\_\_\_\_  
First Middle Initial Last

**What are your pronouns?** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
Street City State Zip Code

**Phone:** Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Alternate Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email:** \_\_\_\_\_

**Secondary email:** \_\_\_\_\_

**What is your current health discipline?**

- Medicine
- Nursing
- Nutrition
- Psychology
- Social work
- Public health
- Other: \_\_\_\_\_

**If your discipline is social work, have you applied to other internship programs within the CHLA Division of Adolescent and Young Adult Medicine?**

- Yes
- No

**Are you able to speak another language besides English?**

Yes

Please specify: \_\_\_\_\_

No

**Funding for this training program requires that applicants be U.S. citizens or permanent residents.  
Do you meet this eligibility requirement?**

Yes

No

**How did you learn about the LEAH Program?**

Email from department listserv

Faculty from LEAH

Web

Word of mouth

Other: \_\_\_\_\_

## Voluntary Information

*The information requested below is voluntary and is intended to help us meet our federal reporting obligations. It will not be used as a basis for admission.*

**How would you best describe yourself? (Select all that apply)**

Asian or Pacific Islander

Black or African American

Hispanic or Latino/a/e/x

Native American or Alaskan Native

White

Other: (please specify) \_\_\_\_\_

Decline to State

**What sex were you assigned at birth?**

Male

Female

**What is your gender identity?**

Male

Female

- TransMale
- TransFemale
- Non-binary
- Genderqueer/Gender non-conforming
- Prefer not to answer
- Other: \_\_\_\_\_

**Do you come from a disadvantaged background\*?**

- Yes
- No
- Prefer not to answer

\*According to the Health Resources and Services Administration (HRSA), a person from a disadvantaged background is defined to be: a citizen, national or a lawful permanent resident of the US and its territories who either: Comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession OR Comes from a family with an annual income below a level based on low income thresholds according to family size published by the US Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

## Expectations for long-term fellows

- Attend weekly sessions on Mondays in which fellows:
  - Participate in interactive classroom sessions (8:30 a.m. to noon)
  - Gain clinical experience through participation in the LEAH interdisciplinary clinic (1 to 5:30 p.m.)
- Attend four leadership seminars during the year (dates to be provided prior to the beginning of the training year). *\*If you anticipate any conflicts, please let us know. We will do our best to work with your schedule.*
- Complete a leadership, scholarly or advocacy project on a LEAH-related topic of your interest
- Participate in all Monday LEAH activities throughout the training year
- Attend LEAH-sponsored conferences, adolescent grand rounds, and other LEAH-related training events

Stipends for long-term fellows may be available. To discuss your eligibility, please email [leah@chla.usc.edu](mailto:leah@chla.usc.edu) or call 323-361-6501.

## Expectations for medium-term fellows

- Attend a series of weekly interactive classroom sessions on Mondays (8:30 a.m. to noon)
- Complete 40-299 training hours (participation in all LEAH-related activities will count towards your completion of training hours)
- Participate in LEAH-sponsored conferences, adolescent grand rounds, and other LEAH-related training events

Medium-term fellows are not eligible for stipends.

## Which level of training experience are you interested in applying for?

- Medium-term fellow
- Long-term fellow
- Both

## References

Please list two references who can evaluate your academic and/or professional work.

Name	Phone	Email

## Statement of Interest and Future Goals

The LEAH Fellowship at CHLA aims to recruit trainees with a diverse range of experiences, backgrounds, and perspectives and to prepare professionals who seek leadership roles in clinical services, research, training, and development of health services for at-risk youth.

In a separate document, please respond to the prompts below based on the training level you are applying for (please use 12-point type, Times New Roman font, single-spaced lines):

**Medium-term applicants:** Please only complete the (1) statement of interest.

**Long-term applicants:** Please complete both the (1) statement of interest and (2) statement of future goals.

**(1) STATEMENT OF INTEREST:** Describe why you are interested in the LEAH Program. Please include relevant information about your prior experience with adolescents and specific areas of interest. The training program provides a wonderful opportunity for growth and learning; however, it requires a commitment of time and energy. Tell us your motivation for applying to the fellowship and what you hope to learn. (Please limit your response to one page.)

**(2) STATEMENT OF FUTURE GOALS:** The purpose of the LEAH Program is to improve the quality of care and equitable access to appropriate health services for adolescents and young adults (AYA) by preparing leaders in AYA health through interdisciplinary training. Describe your leadership experience and your leadership potential. Describe how you have demonstrated leadership in the past, either personally or professionally. (Please limit your response to one page.)

You're welcome to include any additional information you would like to share with us.

### LEAH Application Checklist

- LEAH Program application form** (submit via electronic form)
- Resume or CV** (submit to [leah@chla.usc.edu](mailto:leah@chla.usc.edu))
- Statement of interest** (submit to [leah@chla.usc.edu](mailto:leah@chla.usc.edu))
- Statement of future goals** (long-term applicants only, submit to [leah@chla.usc.edu](mailto:leah@chla.usc.edu))

Please note that your application will be considered incomplete and will not be reviewed until all application materials have been submitted.

**LEAH Faculty/Staff**

<b>LEAH Program Director and Psychology Faculty</b>	Sara Sherer, PhD <a href="mailto:ssherer@chla.usc.edu">ssherer@chla.usc.edu</a> Phone: 323-361-4771
<b>LEAH Program Administrator</b>	Jocelyn Martinez <a href="mailto:jocmartinez@chla.usc.edu">jocmartinez@chla.usc.edu</a> Phone: 323-361-6501
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<b>Associate Director, Division of Adolescent and Young Adult Medicine</b>	Arlene Schneur, MPH <a href="mailto:aschneur@chla.usc.edu">aschneur@chla.usc.edu</a>
<b>Training, Research and Community (TRC) Program Manager</b>	Frances LaSalle-Castro, MPH <a href="mailto:flasallecastro@chla.usc.edu">flasallecastro@chla.usc.edu</a>



### Frequently Asked Questions

**Q:** Where is the Division of Adolescent and Young Adult Medicine located?

**A:** We are an ambulatory center located about 2 miles from the main hospital at 3250 Wilshire Blvd, Los Angeles, CA 90010.

**Q:** When will I find out if I have been accepted into the program?

**A:** Your application will be reviewed by our faculty. If selected, we will be in touch with you regarding next steps. In any case, we will keep you posted on the status of your application. All applicants will be notified by early to mid-July.

**Q:** I have additional questions. How can I contact your program?

**A:** If you have additional questions, please email [leah@chla.usc.edu](mailto:leah@chla.usc.edu) or call 323-361-6501.