



LEADERSHIP INSTITUTE APPLICATION 2017-2018

PLEASE TYPE OR PRINT

CalCPA ID Number: _____ Chapter Affiliation: _____

Name: _____ E-mail _____
(First) (MI) (Last)

Firm or Organization: _____

Telephone: _____ FAX: _____

Address: _____
(Number & Street) (City) (ZIP)

**California Society of CPAs service (Chapter, State Committee and/or Board of Directors/Trustee position(s);
(Please provide years of service, including the coming year):**

Service to other professional/community organizations and volunteer/elected public service experience. List most significant:

What do you believe are some of the key issues going on in CalCPA that you hope Leadership Institute will help you address? What type of support do you have from your firm/company to participate in Leadership Institute?

What do you hope to personally gain from attending Leadership Institute?

How much time are you willing to commit to your leadership development?

How much will your firm/company allow you to commit to your leadership development?

How open are you to receiving feedback from the full circle of people with whom you work, including peers, managers, direct reports, internal and external clients or customers?

If you receive constructive feedback, how willing are you to establish and commit time and effort to a development plan to further skill building?

Occupational Category (Please check):

Member in Public Practice:

- Individual Practitioner
- Partner
- Staff

Education

Government

Attorney

Members in Industry:

- Operations
- CEO
- CFO
- Department Head
- Controller

Firm Size

- Solo Practitioner (1 CPA no employees)
- Sole Practitioner (1 CPA with employees)
- Small/Local (2-5 CPAs)
- Big/Local (5+ CPAs, 1 office)
- Regional (Multi office confined to Western US)
- National (Multi office, offices on both coasts)
- Big 4

Optional Information:

Gender: Female Male

Ethnicity: African-American Latino/Hispanic Asian-American Native-American
 Caucasian Other (Please specify) _____

If selected, I will make every attempt to attend all seminars and seek out assignments in order to enhance CalCPA activities and programs.

Date: _____ Submitted by: _____

Complete and mail or fax to:

Leadership Institute
California Society of CPAs
330 N. Brand Blvd., Suite 710
Glendale, CA 91203-2308
FAX to: 818-246-4017

You may also scan and email your application to: andrea.torres@calcpa.org

**APPLICATION MUST BE SUBMITTED NO LATER THAN
AUGUST 31, 2017**