



## 2021-22: Power of 10 Class Member Application Form

All applicants must be 7 years or less post-graduation from veterinary school and be an ISVMA member in good standing. Each participant will receive four hours of CE per in-person session and 1 hour for virtual sessions equaling total of 22 hours for the program. By applying, applicants are committing to attend 100% of each session. Program costs are funded by ISVMA. Selected class members will be responsible for their travel, lodging and any meals not provided.

**Please Note:** Communication for the program is by email.

Name \_\_\_\_\_

Business name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

School & Year of Graduation \_\_\_\_\_

Employment:  SA  LA  Mixed  Post-Grad Program/Educator  Industry/Association

**Statement of Participation** Briefly express why you would like to participate in this leadership program. You may use the back of this paper for additional comments.

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Applicant Signature

Date

**Deadline: July 30, 2021**

Return to: Illinois State Veterinary Medical Association  
1121 Chatham Road, Springfield, IL 62704  
Fax: 217-546-5633

1121 Chatham Road, Springfield, IL 62704

217-564-8381

[www.isvma.org](http://www.isvma.org)





## 2021-2022: Power of 10 EMPLOYER Application Form

All applicants applying to the Power of 10 Leadership Academy must have their employer’s approval to have the following dates off of work. All applicants must be 7 years or less post-graduation from veterinary school and be an ISVMA member in good standing. By applying, applicants are committing to attend 100% of each session. Program costs are funded by ISVMA. Selected class members will be responsible for their travel, lodging and any meals not provided. **BONUS:** Each participant will receive a total of 22 hours for the program at no extra cost!

**Applicant Name** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Clinic Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

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

I understand the value and importance of my veterinary staff member participating in all seven sessions of this program, and agree to ensure they have each of the session days as well as the time to safely drive to and from each event as time off.

\_\_\_\_\_  
Employer Signature Date

### Program Dates & Locations:

- |                  |                 |
|------------------|-----------------|
| Sep. 12-13, 2021 | Grafton         |
| Oct 7 & 8, 2021  | Bishop Hill     |
| Nov. 21, 2021    | Virtual Meeting |
| Dec. 1, 2021     | Burr Ridge      |
| Feb 9, 2022      | Bloomington     |
| March 8, 2022    | Virtual Meeting |
| April 6, 2022    | Springfield     |

