



### **CEO/Executive Director Organization Commitment**

The Massachusetts Institute for Community Health Leadership is a program of the Blue Cross Blue Shield of Massachusetts Foundation. Please read this form carefully before completing and present this, along with a brief recommendation statement, to the applicant to include with her/his online application. The recommendation should include such information as 1) how long, and in what capacity you have known the applicant; 2) why you believe the applicant is well-suited to become a participant in the Institute; 3) the applicant's potential for greater leadership roles, including the capacity to head a Massachusetts organization that serves the health care needs of low-income and vulnerable people.

**The application deadline is 3:00 p.m., August 20, 2021.**

The Foundation covers the program tuition, sessions, learning materials and resources, and other learning experiences; lodging and meals at the Warren Conference Center, and lodging and meals at the Thompson's Island experiential learning program. The cost to your organization, other than the participant's time should he/she be selected, is \$600 for the nine-month program. This is to help defray a small amount of the program cost, and to demonstrate and confirm the organization's commitment to the applicant.

-----



### CEO/Executive Director Recommendation Form

I support the application of \_\_\_\_\_ to participate in the Massachusetts Institute for Community Health Leadership (MICHL), a nine-month leadership development program, including addressing structural and institutional racism. I understand the goal of MICHL is to develop and build capacity for more effective leaders serving the health care needs of vulnerable residents in Massachusetts.

I have included a brief recommendation statement (not more than two pages) describing this applicant's leadership capabilities and potential and her/his promise as an individual to have an even greater favorable impact on the Commonwealth's health care system serving low-income and uninsured consumers.

I understand and agree to support the person that I am recommending to:

- Fully participate in all program activities, including attending all 18 days of the program
- Commit 4 to 8 hours per month for further individual learning (e.g., peer-to-peer coaching, readings, etc.)

I certify that our organization fully supports his or her participation in the Massachusetts Institute for Community Health Leadership, including **release time** to attend all of the sessions and to complete assignments between sessions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Submission of this form and the recommendation statement is required in order for the application to be considered complete. Submission of all application materials are due to Blue Cross Blue Shield of Massachusetts Foundation **no later than August 20, 2021 at 3:00 p.m.** Thank you.