

**2023 Chief Wellness Officer Course**  
Applicant Questionnaire

<b>Name</b>	
<b>Title</b>	
<b>Organization</b>	

**In your current position, what is your scope of wellness responsibilities? (1-2 paragraphs)**

**Provide a brief description of your organization.** Include size, location, populations served, mission, values and strategic priorities, anything that differentiates your organization. (1-2 paragraphs)

**What is your role as the senior physician wellness leader in your organization?** Include the population you are responsible for (e.g., physicians only, all clinicians, all staff), where you fit within your organization's leadership structure, and your other related responsibilities. (1 paragraph)

**Describe the organization support you have for your role and your work as the senior physician wellness leader?** (e.g. organizational mandate, access to other senior leaders, protected time, staff/center, funding/resources) *(1 paragraph)*

**Describe 2-3 of the largest challenges currently facing your organization.** *(1 paragraph)*

**Describe the current state of physician well-being in your organization** (engagement, burnout, professional fulfillment etc.). *(1-2 paragraphs)*

**Provide an overview of your organization's efforts to promote physician well-being to date.** *(1-2 paragraphs)*

**Describe the biggest obstacles you and your organization have encountered in your efforts to advance physician well-being.** (1-2 paragraphs)

**What are you hoping to learn through this course?** (1 paragraph)