

**2025 Chief Wellness Officer Course**  
Applicant Questionnaire

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

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

**Briefly describe your organization's structure and where your role fits within that structure.** *(1 paragraph).*

**Scope:** Describe your current well-being responsibilities. Include populations that you are responsible for and a brief description of past and current initiatives. (1-2 paragraphs).

**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, staff/center, funding/resources) (1 paragraph).

**Describe the state of physician well-being at your organization and current obstacles. (1-2 paragraphs).**

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

**Do you have leadership experience outside your current role that you would like us to consider as a part of your application? (1 paragraph).**