



THE ASSOCIATION OF FACULTIES
OF MEDICINE OF CANADA

L'ASSOCIATION DES FACULTÉS
DE MÉDECINE DU CANADA

International Dean Leadership Development Program

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GOAL

At the end of this program, participants will be able to:

1. Transform the fundamental leadership and management skills of building trust, effective team management, resource management, and fostering culture of innovation in a global academic medical school environment.
2. Apply the knowledge acquired in this program to the leadership in an academic and/or clinical environment.

Applicant Details

Name

Salutation

Given name(s)

Surname

MALE

FEMALE

DO NOT WISH TO SPECIFY

Address

Street address

City

Province/State

Country

Postal/Zip Code/ PO Box

Current/Previous Work

Current Job Title

Start Date

End Date

Previous Job Title #1

Start Date

End Date

Personal Statement: My Leadership Story

In your own words, (limit of 6000 characters, about 1000 words) tell the story of your leadership achievements and how you personally have made an impact in any or all the following areas. You may wish to use as headings to give structure to your story:

- Education, scholarship, and administrative activities
- Active involvement in international, national, provincial or local leadership organizations
- Your position as a leader, administrator, or innovator
- Leadership to support social accountability



Leadership Skill Development

Elaborate on leadership areas you would like to strengthen:

Reference Letters

Include two reference letters that provide evidence of your leadership, of your impact in academic and community settings, and that speak to your achievements and contributions to leadership. Please ask your referees to use the following headings to structure their remarks:

- Education, scholarship and administrative activities
- Involvement in international, national, provincial or local organizations
- Your position as a leader, administrator or innovator
- Leadership to support social accountability

Please upload any supporting documents.

Referee Letter #1 Full Name Title Work Phone Number

Organization Email

Professional Relationship to Referee

Referee Letter #2 Full Name Title Work Phone Number

Organization Email

Professional Relationship to Referee



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Current Curriculum Vitae

In addition to the description you provided above, please upload an abbreviated copy of your curriculum vitae as a single file (not to exceed 5 pages)

I have completed all information on pages 1-6

I have provided my personal statement

I have provided 2 reference letters

I have provided my abbreviated CV

I or my referee commit to pay for the program fee, registration and travel to ICAM 2025 and I have signed and dated the application

Applicant Name

Applicant Signature

Date

* Program Fee: \$5,995 CAN. Discounted program fee rates for middle and low income countries will be considered. Travel costs are the responsibility of the program participants. The program fee is non-refundable and is non-transferrable to the following year. **Registration rates for ICAM 2025 will have high, middle, and low income country rates.