

***University of Chicago Primary Care Leadership Program***

LUCENT is a multi-disciplinary program that aims to develop effective leaders for primary care transformation in urban communities. Residents in this program have expanded ambulatory clinical training, participate in bi-weekly seminars and workshops, and lead clinical practice innovation projects. Through the clinical and hands-on project experiences, the program prepares physicians to enter primary care positions and become leaders in today’s ongoing transformation of primary care.

LUCENT is open to residents from Pediatrics, Internal Medicine, Medicine-Pediatrics, and Family Medicine. All residents will participate in the monthly seminars and lead clinical practice innovation projects over two years.

**Applications are due by 01/31/2020.**

To apply for the LUCENT Program, please submit the following materials:

1. Application: Please complete the application form on page 2.

2. Curriculum Vitae: Attach a current CV.

3. Personal statement: Attach a statement that addresses the following questions (2 pages maximum).

* + Describe yourself and your background.
	+ Describe your interest in urban primary care transformation and leadership. How will the LUCENT Program help you reach your short and long-term career goals?
	+ Select one aspect of your current primary care clinic that you would like to transform. Describe how you may lead this transformation during your time in the LUCENT Program.

4. Letter of recommendation: Submit one letter of recommendation to: jgrutzmacher@medicine.bsd.uchicago.edu.

* Provide a letter from your clinic preceptor or residency director, which indicates you have their support to participate in the program and complete a project in your clinic.

*Thank you for your interest in the LUCENT Program!*

*Please submit all materials to Julie Grutzmacher at:* *jgrutzmacher@medicine.bsd.uchicago.edu**.*

*For information or questions, please contact us via email or phone (773-834-2688).*

**LUCENT Application**

|  |  |  |
| --- | --- | --- |
| *Name* | *DOB* | *Gender** M
* F
 |
| *Current address*  | *Telephone* | *US Citizen** Yes
* No
 |
| *Permanent address, if different* | *Email* |

**Background**

|  |  |
| --- | --- |
| *Indicate your ethnicity /race.* *Check all that apply.** American Indian
* Asian
* Black or African American
 | * Hispanic, Latino, or Spanish origin
* Native Hawaiian or Other Pacific Islander
* White
 |
| *Do you come from a disadvantaged background?* (environmentally or economically) |
| * Yes
 | * No
 |
| *Do you come from a rural background?*  |
| * Yes
 | * No
 |
| \*To determine if your region is rural, visit http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx  |
| *If you answered yes to either of the above questions, please describe.* |

**Education / Postgraduate Training**

|  |  |  |
| --- | --- | --- |
| *Institution* | *Degree (as applicable)*  | *Date completed / expected completion*  |
|  |  |  |
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**Current Position**

|  |  |  |
| --- | --- | --- |
| *Position* | *Specialty* * Family Medicine
* Internal Medicine
* Medicine-Pediatrics
* Pediatrics
 | *State License(s)* |

**Letter of Recommendation: Please indicate who will be submitting the letter of recommendation.**

|  |
| --- |
| Name:  |
| Program / Section / Department: |
| Email:  |