

Justice, Equity, Diversity, and Inclusion (JEDI) Certificate Program Interest Form

Introduction

Thank you for your interest in the Justice, Equity, Diversity, and Inclusion (JEDI) Certificate Program offered by the Weitzman Institute. The purpose of this application form is to register your interest and for us to learn more about why your organization would like to participate and how we can best support you in terms of your organization's JEDI needs.

While this application will help us gather information on where your organization is as far as implementation of JEDI practices, it does not necessarily guarantee participation. This is a pilot offering of the JEDI Certificate Program and we are limiting the number of participating organizations to 15. All organizations who complete and submit this form by the deadline of Monday, December 12, 2022 will be notified by Monday, December 19, 2022 of their status for this pilot JEDI Certificate Program.

This form should be completed by the lead team member from your organization. Only one application should be

submitted per organization. You will need to complete the form in one session, as your changes will not be saved until you submit it. Please complete this form by Monday, December 12, 2022. This application should take 10-15 minutes to complete. Thank you for your interest!

I acknowledge that if my organization is selected to join the JEDI Certificate Program, we will be expected to have 3-5 team members participate in all workshops, complete the asynchronous workshops during the set timeframes, engage with workshop content and activities throughout the program, and pay a non-refundable organization registration fee of \$2,500 prior to the start of the certificate program.

I agree

I acknowledge that if my organization is selected to join this pilot JEDI Certificate Program, we will be expected to complete all evaluation activities and provide specific feedback in support of continually improving the Certificate Program.

I agree

Demographics

Please provide details about your organization.

Organization Name (Please type out all acronyms)

Organization Primary Address

Organization City

Organization State

Organization Zip Code

Please provide your contact information.

First Name

Last Name

Professional Title/Role

Work email address

What type of organization do you work for?

- Federally Qualified Health Center (FQHC)
- FQHC Look-Alike
- Community Mental Health Center (or similar)
- Other type of primary care center (please specify)
- Other not listed (please specify)

Currently, where does your organization stand in incorporating JEDI in its process and policies?

- We have not yet begun to consider how it fits in.
- We have been considering how it fits in.
- We have begun to learn more about JEDI.
- We have recognized some actions that we would like to take.
- We are taking actions toward JEDI.

- We have been learning about and taking actions around JEDI for a long time.
- I don't know.

Needs Assessment

Briefly describe the justice, equity, diversity, and inclusion climate in your organization. (2,000 characters maximum)

Briefly describe your organization's unique barriers, challenges, and strengths, specifically related to justice, equity, diversity, and inclusion. (2,000 characters maximum)

Please share any additional information you would like us to know about your organization as it relates to JEDI practices.

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