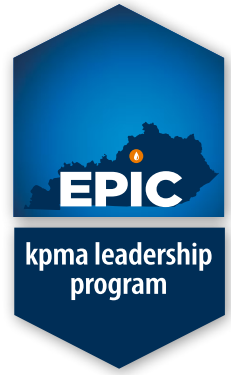




EPIC Leadership PROGRAM

EXPERIENTIAL • PARTICIPATORY • IMAGE DRIVEN • CONNECTIVE



2025 / 2026 EPIC Program Application

Application Due: 3/01/24

Applicant Information

Name: _____ Date: _____

Company: _____ Job Title: _____

Address: _____
Street Address *Apartment / Unit #*

_____ *City* *State* *ZIP Code*

Email: _____ Phone: _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate?
Yes No

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? Degree: _____
Yes No

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? Degree: _____
Yes No

Direct Supervisor Referral

Please list your direct supervisor that is referring you to the KPMA EPIC Leadership Development Program

Supervisor: _____ Email: _____

Job Title: _____ Phone: _____

3) Lastly, each EPIC must complete (2) elective assignments from the following list:

- Complete a Risk Management Academy session by Federated Insurance
- Write an article for the *KPMA Marketer* magazine
- Make a presentation to the KPMA Board of Directors
- Serve as a KPMA ambassador to secure a new member or sponsor
- Staff the KPMA booth at the M-PACT Tradeshow
- Represent KPMA in a KPM PAC supported legislative event
- Donate to the KPM PAC
- Other assignment as determined

This application will be reviewed by our nominating committee consisting of past KPMA Chairs. Upon notification of acceptance into the EPIC Program, you will receive an invoice for \$350.00. Please remit payment for your application fee prior to the EPIC Leadership Seminar. Make checks payable to "KPMA" and mail to:

2365 Harrodsburg Rd
Suite A325
Lexington, KY 40504

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the EPIC program, I understand that false or misleading information in my application may result in my release from the program. Upon acceptance, I pledge to fully commit to the program and complete all requirements as outlined below by the end of the term.

Applicant
Signature: _____

Date: _____

Supervisor
Signature: _____

Date: _____

Questions regarding the program requirements, dates of events, or application process? Please contact Adam Stinnett at adam.stinnett@kpma.org or 859.226.4382 for more information.