

Application

Name and Degree/Certification

(as it should appear on the certificate of completion): _____

First Name (for classroom use): _____

Title: _____

Organization (No Acronyms): _____

Address: City, State, Zip _____

Telephone: _____ Emergency Phone: _____

Work Email: _____

Assistants Email: _____

1. Do you currently work for a federally qualified health center, or Look Alike FQHC? _____
a. If not, what type of organization do you currently work for? _____

2. How long have you been employed at a health center? _____

3. How long have you been a Clinical Director and/or manager at your community health center? _____

4. Do you currently maintain both a clinical and administrative role in your CHC? _____

5. By applying and signing the application form, you agree to pre- and post-activities related to the course, including preparatory reading materials, post-course evaluation, or activities with your clinic's Executive Director and management team.

Please initial _____

6. Have you received the endorsement and support of your Executive Director and CFO for participating in this learning opportunity and have the agreement of the Executive Director and the management team to work with you on post-course activities?

Yes _____ No _____

7. Do you have any food allergies or dietary restrictions? Please explain if needed. _____

Please type in your name as your e-signature _____

Email this completed form with the **Subject Line: MAHC 1 Santa Fe 2018** to cthomas@nachc.com

Or print this form and fax it **Attn: Cindy Thomas to (301) 347-0485**

You will receive notification of your acceptance in the course and payment instructions within one week.