

Application

Program Requirements: This is a team based course requiring a minimum of a two person team: one clinical leader who maintains both an administrative and clinical (direct patient care) role and one other administrative manager. Team maximum is set at 4 participants unless prior approval is received from NACHC. Price listed for this course is the per person cost. Once accepted into the course you will receive instructions on how to complete your registration and payment for your full team.

Participant #1 (Required)

Name and Degree/Certification

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

Title: _____

Organization (No Acronyms): _____

Address: City, State, Zip _____

Telephone: _____ Emergency Phone: _____

Work Email: _____ Assistants Email: _____

Food allergies or dietary restrictions: _____

Participant #2 (Required)

Name and Degree/Certification

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

Title: _____

Telephone: _____ Emergency Phone: _____

Work Email: _____ Assistants Email: _____

Food allergies or dietary restrictions: _____

Participant #3

Name and Degree/Certification

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

Title: _____

Telephone: _____ Emergency Phone: _____

Work Email: _____ Assistants Email: _____

Food allergies or dietary restrictions: _____

Participant #4

Name and Degree/Certification

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

Title: _____

Telephone: _____ Emergency Phone: _____

Work Email: _____ Assistants Email: _____

Food allergies or dietary restrictions: _____

Application (continued)

1. Does your team currently work for a federally qualified community health center, or Look Alike FQHC? _____
 - a. If not, what type of organization do you currently work for? _____
2. Does your team include at least one clinical leader who maintains both an administrative and clinical (direct patient care) role, and one administrative leader? _____
3. By applying and signing the application form, your team agrees to pre- and post-activities related to the course, including preparatory reading materials, post-course evaluation, or activities with your leadership team.

Please initial _____

Please type in your name as your e-signature _____

Email this completed form with the **Subject Line: MAHC3 Seattle 2017** 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 program and payment instructions within one week.

**Save the date for these upcoming
Managing Ambulatory Health Care (MAHC)
Training Courses!**

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|----------------------|------------------------|
| January 10-13, 2017: | MAHC1, Delray Beach |
| June 26-29, 2017: | MAHC3, Seattle |
| Fall 2017: | MAHC1, East Coast, TBD |
| January 8- 11, 2018: | MAHC1, New Orleans |