Community Health Center of Fort Dodge

Board Membership Profile

(Required) 1. Identifying Information		
Date:		
Name:		
(First)	(Middle Name)	(Last)
2. Home Address		
Street:		
City:	State:	Zip Code:
Telephone:	Fax:	
Email Address:		
3. Work Address (Optional)		
Street:		
City:	State:	Zip Code:
Telephone:	Fax:	
Email Address:		
4. The Bureau of Primary Health Care requires that 51% of Board members must use services of the Community Health Center		
Do you or your family currently use the services provided by CHCFD? YES NO		
If appointed as a Board Member, would you consider becoming a patient of CHCFD? YES NO		
5. Board Committee		
Please check the committee that you would like to be a part of?		
1. Nominating _____		
2. Finance _____		
3. Quality Assurance/Medical Service _____		
4. Personnel _____		
5. Development (fundraising) _____		
6. Areas of Expertise (citizen, patient, healthcare, government etc)		

7. Statement of Interest

Please describe why you would like to serve as a Member of the Board of Directors?

8. Conflict of Interest Statement

Please disclose all business activities in which either yourself, an immediate family member or a significant relationship may have a financial interest, ownership or employment that the Community Health Center Board should have knowledge (e.g. member of another board that funds CHCFD eg). Additionally, please list all Board and business/professional/government associations that you belong to.

_____
_____
_____
_____
_____
_____
_____
_____
_____

9. Required Information

As a condition required by the Health Services and Resources Administration (HRSA), Medicare and Medicaid, you will be required to provide background information. As a result, upon joining the CHC Board, a release of information form will need to be completed. If a Medical Provider, your name will be submitted to the National Practitioner Data Base for a practice query. Negative results from any of these searches will result in disqualification as a Board Member.

10. Signature/Attestation Statement

By ascribing my signature below, I attest to the honesty and accuracy of the information provided by this Application.

(Signature) (Date)

11. Supplemental Documents

If available, please attach a current professional resume to this application.