

Please submit your completed application and additional materials to:

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Charlotte AHEC
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Charlotte AHEC Regional Advisory Committee Application

Thank you for your interest in applying for membership with the Charlotte Area Health Education Center Advisory Committee.

Purpose

Charlotte AHEC, a department of [Atrium Health](#) and part of the [NC AHEC Program](#), strives to fulfill our mission of providing and supporting educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina. Our vision is that every North Carolinian is healthy and supported by an appropriate and well-trained health workforce that reflects the communities it serves. Charlotte AHEC is one of nine centers in the NC AHEC Program and serves Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly, and Union counties.

The Advisory Committee will meet ten times per year, either face-to-face or virtual. Each meeting will consist of opportunities to discuss best practices in continuing education and workforce development initiatives. For more information, please visit our [website](#).

We appreciate you considering involvement and for the personal time and energy that you will be putting into this important aspect of building the transformation of health care education and services in North Carolina.

We have developed a comprehensive selection process that includes the following:

STEP 1

The Charlotte AHEC Regional Advisory Oversight Team will carefully review and assess all applications. All interested candidates will need to complete the application in full. Please include a short bio. Applications will be open on **September 7, 2022** and must be received electronically by **November 28, 2022** at **5:00pm EST**.

STEP 2

The Charlotte AHEC Regional Advisory Oversight Team and Executive Team will notify selected committee members by **December 15, 2022**. Charlotte AHEC Regional Advisory Committee Members will serve a two-year term, beginning **January 1, 2023**, with the possibility for renewal.

SECTION 1: APPLICANT CONTACT INFORMATION

Name:

Credentials:

Address:

Phone:

Email

Address:

SECTION 2: APPLICANT DEMOGRAPHICS

Age Range:

Gender:

Ethnicity:

Counties
Served:
(check all
that apply)

Anson
Cabarrus
Cleveland
Gaston
Lincoln
Mecklenburg
Stanly
Union
Other:

Professional
Background:
(Check all
that apply &
use the
'other' check
box to
specify)

Healthcare Professional
(specify)
Healthcare Executive
Consultant (specify)
IT Professional
Librarian
Educator - High School
Educator - Community
College
Educator - University
Educator - Clinical
Educator - Medical Education
Educator - other
Human Services Professional
Economic Development
Partner
Other:

SECTION 3: PRIOR EXPERIENCE

Please list any previous and current board/advisory committee experience:

Do you have any personal or business interests that could create a conflict of interest (either real or perceived) if appointed? If so, explain below.

Current employer:

Current organizational affiliations:

SECTION 4: OPEN-ENDED QUESTIONS

What resources/strengths can you bring to the CAHEC Regional Advisory Committee?

List any area(s) of expertise:

Why are you interested in serving on the CAHEC Regional Advisory Committee?

SECTION 5: APPLICANT BIO

Please include a short bio (limit to 200 words or less)

SECTION 6: SIGNATURE

I certify that the statements I have made on this form and all attached statements are true, complete and correct to the best of my knowledge.

*Typing your name works as your signature

Date (MM/DD/YYYY)