Please submit your completed application and additional materials to:

Arielle Lewis
South Piedmont AHEC
704.512.6523 phone
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South Piedmont AHEC Regional Advisory Committee Application

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

Purpose

South Piedmont AHEC, a department of <u>Atrium Health</u> and part of the <u>NC AHEC Program</u>, 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. South Piedmont AHEC is one of nine centers in the NC AHEC Program and serves Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly, and Union counties.

The Regional 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 <u>website</u>.

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 South Piedmont AHEC Regional Advisory Oversight Team will carefully review and assess all applications. All interested candidates will need to complete the application in full. Applications will be open on **September 7, 2024** and must be received electronically by **November 30, 2024** at **5:00pm EST.**

STEP 2

The South Piedmont AHEC Regional Advisory Oversight Team and Executive Team will notify selected committee members by **December 15, 2024**. South Piedmont AHEC Regional Advisory Committee Members will serve a two-year term, beginning **January 1, 2025**, with the possibility for renewal.

SECTION 1: APPLICANT CONTACT INFORMATION Name: Address: **Email** Address: Credentials: Phone: Professional Background: (Check all that apply & use Counties Served (check all that apply): the 'other' check box to specify) ☐ Healthcare Professional ☐ Anson (specify) ☐ Cabarrus ☐ Healthcare Executive ☐ Cleveland ☐ Consultant (specify) ☐ Gaston ☐ IT Professional ☐ Lincoln Librarian ☐ Educator - High School ☐ Stanly ☐ Educator - Community ☐ Union College Other: ☐ Educator - University ☐ Educator - Clinical ☐ Educator - Medical Education ☐ Educator - other ☐ Human Services Professional ☐ Economic Development Partner Other:

SECTION 2: 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 3: OPEN-ENDED QUESTIONS What resources/strengths can you bring to the Regional Advisory Committee? List any area(s) of expertise: Why are you interested in serving on the Regional Advisory Committee?

SECTION 4: APPLICANT BIO	
Please include a short bio (limit to 200 words or less)	
OFOTION F. CIONATURE	
SECTION 5: SIGNATURE	
I certify that the statements I have made on this form complete and correct to the best of my knowledge.	and all attached statements are true,
*Typing your name works as your signature	Date (MM/DD/YYYY)