

Please submit your completed application and additional materials to:

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Charlotte AHEC  
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[www.charlotteahec.org](http://www.charlotteahec.org)



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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.

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**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 and attach a resume/CV and photo. Applications will be open on **September 7, 2021** and must be received electronically by **October 31, 2021 at 5:00pm EST**.

### STEP 2

The Charlotte AHEC Regional Advisory Oversight Team and Executive Team will notify selected committee members by **December 1, 2021**. Charlotte AHEC Regional Advisory Committee Members will serve a two-year term, beginning **January 1, 2022**, with the possibility for renewal.

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## SECTION 1: APPLICANT CONTACT INFORMATION

Name:

Credentials:

Address:

Phone:

Email

Address:

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## 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:

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### **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:

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## **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?

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## SECTION 5: APPLICANT BIO

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

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## 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)