

The Community Health Center Executive Fellowship

Admission Requirements

Although it is not required, it is highly recommended that applicants have a Bachelor's Degree level of education before entering the program. Applicant must also be employed at a community health center or a primary care association. All application materials must be received no later than December 1, 2022.

Required Application Documents

1. A completed admissions application (form attached)
2. Recommendation from community health center or primary care association manager (form attached)
3. A personal statement (two pages maximum) that outline the reasons you would like to pursue the Fellowship program and your commitment to completing the program. This statement should also include career objectives and your work experience in a community health care setting.
4. An updated copy of your resume, indicating your education and work background, memberships in professional and service organizations, etc.

Program Costs

The total program fee is \$5,100. Payment is due in full by December 1, 2022. There will be no refund if a fellow drops the program. Participants are also responsible for the cost of any required books or readings that are not otherwise available.

Participants may be eligible for some reimbursement from their center depending on the policies of their particular center. Please check with your center director.

Each fellow will be responsible for his or her travel, lodging, and most meal costs associated with the capstone and graduation activities.

Submit completed application packet via email to:

Ellen Averett Ph.D., MHSA
Director, Community Health Center Executive Fellowship Program
Department of Population Health
eaverett@kumc.edu

CHCEF 2023 Application

Please type or print clearly

Applicant Information

Name: *Family Name* _____ *First* _____ *Middle* _____

Other name(s) under which your records might be found _____

Current Address: *Number and Street* _____ *City & State* _____ *Country* _____ *Zip Code/Postal Code* _____

Phone No.: *Country/City Code/Area Code & Number* _____ *Fax # (if available)* _____ *E-mail address (if available)* _____

Educational Information

List below, in chronological order, COMPLETE information concerning every post-secondary institution you have attended.

<i>Full Name of Institution</i>	<i>Location</i>	<i>Dates of Attendance</i>	<i>Major</i>	<i>Degree</i>	<i>Date Awarded/Expected</i>	<i>GPA</i>
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____

Résumé

Please attach an updated resume indicating your education, work background, memberships in professional and service organization, etc.

References

List the name of the Center Director who will discuss your qualifications for admission into the Program (using form on following page).

<i>Name</i>	<i>Position</i>	<i>Address</i>
_____	_____	_____

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment.

Date of Application _____ Signature of Applicant _____

APPLICANTS NAME: _____

Please print

Community Health Center Executive Fellowship
Admission Recommendation Form - Completed by Center Director

The above individual has applied for admission to the Community Health Center Executive Fellowship. The Admissions Committee appreciates your frank answers to the questions on this form. You may attach any additional information you think pertinent.

1. How long and under what circumstances have you known the applicant?

2. What strengths and weaknesses would affect his/her performance in the program?

3. Using the following scale, assess the applicant's potential and promise as a student.
 - a. Will have some difficulty
 - b. Will perform satisfactorily
 - c. Will perform very satisfactorily
 - d. Will perform exceptionally well

Comments:

4. What are the applicant's strengths to be a health services manager? In what areas must he/she show the most professional development?

Please mark most appropriate response with an "X"

	Below average Lowest 40%	Average Middle 20%	Somewhat average Next 15%	Good Next 10%	Outstanding Next 10%	Truly exceptional Top 5%	Inadequate opportunity to observe
Applicant's promise as a student							
Creativity							
Initiative and Motivation							
Maturity							
Ability to work independently							
Ability to meet deadlines							
Oral communication skills							
Written communication skills							
Clarity of career goals							
Ability to profit from suggestions and criticism							

NAME OF INDIVIDUAL COMPLETING FORM: _____

POSITION/TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

(Date) _____ (Signature) _____

Please submit your recommendation directly via email to:
 Ellen Averett, Ph.D., MHSA
 Director, Community Health Center Executive Fellowship
 Department of Population Health
 eaverett@kumc.edu