

# 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, 2018.

## 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 15, 2018. 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.

The program fee covers only a portion of the costs associated with capstone and graduation activities. 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 to:

**Ellen Averett Ph.D., MHSA**  
**Director, Community Health Center**  
**Executive Fellowship Program**  
**Department of Health Policy & Management**  
**5008 Student Center - Mail Stop 3044**  
**University of Kansas Medical Center**  
**3901 Rainbow Boulevard**  
**Kansas City, KS 66160**  
**Phone: (913) 588-1274**  
**Fax: (913) 588-8236**  
**eaverett@kumc.edu**

Community Health  
Center Executive  
Fellowship

Completed by Department

Date Received	Major Code #	Date Fees Received	Check #
---------------	--------------	--------------------	---------

# CHCEF 2019 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) \_\_\_\_\_

Permanent Address \_\_\_\_\_

## Educational Information

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

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

## 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).

Name	Position	Address
_____	_____	_____

## 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 \_\_\_\_\_

\_\_\_\_\_ Please do not write below this line \_\_\_\_\_

## Action

\_\_\_\_\_ Admitted

\_\_\_\_\_ Not Admitted

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Program Representative \_\_\_\_\_

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 Health Center Executive Development 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 to:  
 Ellen Averett, Ph.D., MHSA  
 Director, Community Health Center Executive Fellowship  
 Department of Health Policy & Management  
 5008 Student Center - Mail Stop 3044  
 University of Kansas Medical Center 3901 Rainbow Blvd.  
 Kansas City, KS 66160  
 Phone: (913) 588-1274  
 Fax: (913) 588-8236  
 eaverett@kumc.edu