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, 2020.

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, 2020. 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 Population Health
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

Revised: January 2020
Community Health Center Executive Fellowship

CHCEF 2021 Application

Please type or print clearly

**Applicant Information**

<table>
<thead>
<tr>
<th>Name: Family Name</th>
<th>First</th>
<th>Middle</th>
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*Other name(s) under which your records might be found*

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<tr>
<th>Current Address: Number and Street</th>
<th>City &amp; State</th>
<th>Country</th>
<th>Zip Code/Postal Code</th>
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<tr>
<th>Phone No.: Country/City Code/Area Code &amp; Number</th>
<th>Fax # (if available)</th>
<th>E-mail address (if available)</th>
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**Permanenr Address**

**Educational Information**

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

<table>
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<tr>
<th>Full Name of Institution</th>
<th>Location</th>
<th>Dates of Attendance</th>
<th>Major</th>
<th>Degree</th>
<th>Date Awarded/Expected</th>
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**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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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**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 Application __________________

____________________________________________________ Please do not write below this line ____________________________________________________

**Action**

- [ ] Admitted
- [ ] Not Admitted

Remarks: ________________________________________________________________

Date __________________ Signature of Program Representative __________________
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?
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<tr>
<th>Please mark most appropriate response with an &quot;X&quot;</th>
<th>Below average</th>
<th>Average</th>
<th>Somewhat average</th>
<th>Good</th>
<th>Outstanding</th>
<th>Truly exceptional</th>
<th>Inadequate opportunity to observe</th>
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<td>Lowest 40%</td>
<td>Middle 20%</td>
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<td>Next 10%</td>
<td>Next 10%</td>
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<td>observe</td>
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<td>Applicant's promise as a student</td>
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<td>Initiative and Motivation</td>
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<td>Oral communication skills</td>
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<td>Clarity of career goals</td>
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<td>Ability to profit from suggestions and criticism</td>
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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 Population Health
5008 Student Center - Mail Stop 3044
University of Kansas Medical Center
3901 Rainbow Blvd. Kansas City, KS 66160
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