

# The Community Health Center Executive Fellowship

The Kansas Association for the Medically Underserved (KAMU), the Department of Health Policy and Management of the University of Kansas Medical Center and the Greater Midwest Association of Primary Health Care (GMAPHC) have developed a regional program for the education of executive directors and senior managers of Community Health Centers in Midwest regions five and seven. This includes the following states: Illinois, Indiana, Iowa, Nebraska, Kansas, Michigan, Minnesota, Missouri, Ohio, and Wisconsin.

This program will provide the education and skill development to assist succession planning, management effectiveness, and the creation of more sustainable community health centers.

## The Program

The Community Health Center Executive Fellowship is a year-long, on-line program developed by the University of Kansas Medical Center's Health Policy and Management Department, in conjunction with the Kansas Association for the Medically Underserved and the Greater Midwest Association of Primary Health Care (GMAPH.) The Fellowship program is designed to prepare the student for a management position in a community health center.

The student will begin the program with a two day Kick-off session in Kansas City, KS where they will be part of a 25 student cohort of individuals from other community health centers throughout the greater mid-west. The Kick-off session will include guest speaker presentations; faculty presentations; fellowship group activities; and training in the computerized Angel course management system.

After the kick-off session, the student will participate in six on-line learning modules (see The Curriculum below.) The student will access the Angel Learning System via the inter-net where they will find the course learning elements. These learning elements may include various components such as learning objectives, reading assignments, lecture presentations, quizzes, written assignments, discussion boards, etc. Each module may include a different combination of learning elements. The student will have a weekly assignment and have an opportunity for interaction with the instructor. Much of the learning activities will be accomplished through peer group activities.

The six modules will basically run for five weeks and then the student will have two weeks off before the next module starts up. The students will return to campus to present their capstone projects and participate in a graduation ceremony and celebration where they receive their certificates as Health Center Executive Fellows.

## The Curriculum

The fellowship program consists of six modules which cover the spectrum of health center management. The modules cover the following areas: The Health Care System; Health Care Management; Finance and Reimbursement for Community Health Centers; Human Resource Management; Planning and Outcomes Analysis; and Clinic-based Information Systems.

The courses will be taught on-line using the Angel Learning System. The student will be required to complete reading and written assignments, to participate in discussion board submissions and to work with designated teams consisting of other students in the program. The program is generally conducted in an asynchronous manner (i.e. the student is not required to be in any given place at any given time except for the Kick-off and Capstone events), however, from time to time the instructor may require or make available, the opportunity for the student to participate in a synchronous on-line session at a particular time. This will be occasional and generally not routine.

## Program Costs

Total tuition for the program is \$4,500. In the past, the tuition has been significantly offset by the Greater Midwest Association of Primary Health Care. Please check your state PCA to see if they are currently participating in this program. Payment for the full tuition is due before the kick-off. There will be no refunds if the student drops out of the program. Students will also be responsible for the cost of any textbooks required for each module. Students may be eligible for reimbursement for tuition and books depending on the policies of their particular center. The student should check with their center director.

During the Kick-off and Capstone/graduation events the student will be responsible for travel, lodging, and meal costs.

## Admission Requirements

Although it is not required, it is highly recommended that students have a Bachelor's Degree level of education before entering the program. Students must also be employed at a community health center located in a center that is associated with the Greater Midwest Association of Primary Health Care.

## How to Apply

1. A completed admissions application
2. Recommendation from community health center manager, preferably on the Recommendation Form below.
3. A personal statement (two pages maximum) that should 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 organization, etc.

## Fax and Submit Completed Application Packet to:

Michael Grasso, Ph.D.  
Director, Community Health Center Executive Fellowship  
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) 588-0354  
Fax: (913) 588-8236

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

# Community Health Executive Fellowship

# Student 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 Application \_\_\_\_\_

\_\_\_\_\_ 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 fax and send recommendations directly to:  
 Michael A. Grasso, Ph.D.  
 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) 588-0354  
 Fax: (913) 588-8236