

MANAGING AMBULATORY HEALTH CARE I (MAHC 1) APPLICATION FORM

Name and Degree Certification
(as it should appear on the certificate of completion): _____

Title: _____

First Name (for classroom use): _____

Organization (No Acronyms): _____

Address: City, State, Zip: _____

Telephone: _____ Emergency/Cell Phone: _____

Participants Work Email: _____

Assistant's Email: _____

1. Do you currently work for a FQHC, or Look Alike FQHC? _____
 - a. If not, what type of organization do you currently work for? _____
2. How long have you been employed at a health center? _____
3. How long have you been a Clinical Director and/or manager at your community health center? _____
4. Do you currently maintain both a clinical and administrative role in your CHC? _____
5. Have you participated in other leadership and/or management trainings? If yes, please explain. _____

6. By applying and signing the application form, you agree to complete pre- and post-activities related to the course, including preparatory reading materials, post-course evaluation, or activities with your clinic's Executive Director and management team.

Please initial _____

7. Have you received the endorsement and support of your Executive Director and CFO for participating in this learning opportunity and have the agreement of the Executive Director and the management team to work with you on post-course activities?
Yes No

Please type in your name as your e-signature _____

Email this completed form with the **Subject Line: MAHC1 February 2021 to pferguson@nachc.org.**

Or, print this form and fax it **Attn: Pamela Ferguson to (240) 444-3324.**

You will receive notification of your acceptance in the program and payment instructions within one week.