NATIONAL ASSOCIATION OF Community Health Centers®

Innovative Workforce Practices & Partnerships
Lifting Promising Practices Challenge

Application Template - Health Center Advisor/Collaborator

Use the following form to submit your health center's interest in participating on the challenge.

Health Center HRSA Approved Name:

Health Center DBA *(if different than above)*:

Point of Contact (POC) Full Name:

POC Email:

POC Title:

CEO/President Full Name:

CEO/President Email:

What workforce challenge is your organization currently facing? (limit 1250 characters)

What do you hope to gain from learning about Human Centered Design? (limit 1250 characters)