



## Application Template - Health Center Innovative Practices

Use the following form to submit your health center's innovative promising practice and partnership.

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:

Describe the workforce promising practice your health center has. (limit 1250 Characters)

Please select the focus area(s) of your program:

- Recruitment
- Retention
- Development
- Other: \_\_\_\_\_

How long has your program been active?

Number of staff currently involved in implementing the program:

How does the health center measure the impact of the program, please share any relevant data concerning these impacts (quantitative or qualitative)? (limit 1250 Characters)



Why do you consider this program innovative or new to your health center? (limit 1250 Characters)

Please describe how this program can be replicated and adapted by other health centers (limit 1250 Characters)