# ***Innovative Workforce Practices & Partnerships***

***Lifting Promising Practices Challenge***

# **Application Template - Health Center Advisor/Collaborator**

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:

What workforce challenge is your organization currently facing? (250 Words)

What do you hope to gain from learning about Human Centered Design? (250 Words)