

Ali'i Health Center Board of Directors: Prospective Member Information

Applicant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email:** _____

Employer/Profession: _____

Position: _____

Background (check all that apply:

____ **Healthcare Professional/MD**

____ **Healthcare Industry/Administration/Clinical non-MD, etc.**

____ **Legal/Finance/Business Development**

____ **Media Relations/PR**

____ **Construction/Real Estate Development/Architect**

____ **Knowledge of Healthcare issues and concerns in West Hawaii and within the State of Hawaii**

Length of time in the West Hawaii Community, Activities, and Knowledge of West Hawaii Issues,

Concerns, Needs:

Are you currently a member of any other State of Hawaii Board, Committee or Counsel? List.

Do you have any conflicts of interest, real or perceived that the Nominating Committee and BOD should be aware of in considering your application?

References: (The Nominating Committee or AHCB may at their option seek additional input concerning your candidacy) Please provide 2-3 references below with their contact information.

Have you been sanctioned by a governing/ruling body and or a professional association? If yes, please list below:

Have you ever been charged and convicted of any crime? If yes, please list below:

Any additional comments or information you would like to add?

PLEASE ADD ADDITIONAL PAGES TO THIS APPLICATION AS NEEDED TO ANSWER THESE QUESTIONS--DIRECT THIS APPLICATION TO THE CHAIR OF THE HHSC/WHRB NOMINATING COMMITTEE.

Print Name: _____

Signature: _____ **Date:** _____

***Please note that if selected to serve on the Ali'i Health Center Board your Social Security number will be required. This is used for background checks from various payer institutions i.e. Medicare, Medicaid, HMSA, etc.**