

The Community Health Center Executive Fellowship

Admission Requirements

Although it is not required, it is highly recommended that applicants have a Bachelor's Degree level of education before entering the program. Applicant must also be employed at a community health center or a primary care association. All application materials must be received no later than December 1, 2020.

Required Application Documents

1. A completed admissions application (form attached)
2. Recommendation from community health center or primary care association manager (form attached)
3. A personal statement (two pages maximum) that outline the reasons you would like to pursue the Fellowship program and your commitment to completing the program. This statement should also include career objectives and your work experience in a community health care setting.
4. An updated copy of your resume, indicating your education and work background, memberships in professional and service organizations, etc.

Program Costs

The total program fee is \$5,100. Payment is due in full by December 1, 2020. There will be no refund if a fellow drops the program. Participants are also responsible for the cost of any required books or readings that are not otherwise available. Participants may be eligible for some reimbursement from their center depending on the policies of their particular center. Please check with your center director.

The program fee covers only a portion of the costs associated with capstone and graduation activities. Each fellow will be responsible for his or her travel, lodging, and most meal costs associated with the capstone and graduation activities.

Submit completed application packet to:

Ellen Averett Ph.D., MHSA
Director, Community Health Center
Executive Fellowship Program
Department of Population Health
5008 Student Center - Mail Stop 3044
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160
Phone: (913) 588-1274
Fax: (913) 588-8236
eaverett@kumc.edu

Community Health
Center Executive
Fellowship

Completed by Department

Date Received	Major Code #	Date Fees Received	Check #
---------------	--------------	--------------------	---------

CHCEF 2021 Application

Please type or print clearly

Applicant Information

Name: Family Name First Middle

Other name(s) under which your records might be found

Current Address: Number and Street City & State Country Zip Code/Postal Code

Phone No.: Country/City Code/Area Code & Number Fax # (if available) E-mail address (if available)

Permanent Address

Educational Information

List below, in chronological order, COMPLETE information concerning every post-secondary institution you have attended.

Full Name of Institution	Location	Dates of Attendance	Major	Degree	Date Awarded/Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Résumé

Please attach an updated resume indicating your education, work background, memberships in professional and service organization, etc.

References

List the name of the Center Director who will discuss your qualifications for admission into the Program (using form on following page).

Name	Position	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment.

Date of Application Signature of Applicant

Please do not write below this line

Action

Admitted

Not Admitted

Remarks:

Date Signature of Program Representative

Please mark most appropriate response with an "X"

	Below average Lowest 40%	Average Middle 20%	Somewhat average Next 15%	Good Next 10%	Outstanding Next 10%	Truly exceptional Top 5%	Inadequate opportunity to observe
Applicant's promise as a student							
Creativity							
Initiative and Motivation							
Maturity							
Ability to work independently							
Ability to meet deadlines							
Oral communication skills							
Written communication skills							
Clarity of career goals							
Ability to profit from suggestions and criticism							

NAME OF INDIVIDUAL COMPLETING FORM: _____

POSITION/TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

(Date) _____ (Signature) _____

Please submit your recommendation directly to:
 Ellen Averett, Ph.D., MHSA
 Director, Community Health Center Executive Fellowship
 Department of Population Health
 5008 Student Center - Mail Stop 3044
 University of Kansas Medical Center
 3901 Rainbow Blvd. Kansas City, KS 66160
 Phone: (913) 588-1274
 Fax: (913) 588-8236
 eaverett@kumc.edu