

BOARD OF DIRECTORS MEMBER APPLICATION

AAA Comprehensive Healthcare



Prospective board members are invited to submit a completed application and, if applicable, your resume to Knarik Safaryan, HR Director, AAA Comprehensive Healthcare. Or:

For U.S. Mail, Hand Delivery, or Email
Knarik Safaryan
HR Director
AAA Comprehensive Healthcare
Address: 11024 Victory Boulevard
City, State Zip: North Hollywood, CA 91606
Email Address: knarik@aaachc.org

Electronic submissions should include “AAA Comprehensive Healthcare Board Application” in the subject line.

AAA Comprehensive Healthcare
Board of Directors Application

INTRODUCTION

This is an application to serve as a volunteer member on the Board of Directors for AAA Comprehensive Healthcare.

AAA Comprehensive Healthcare is a non-profit voluntary organization: The Mission of AAA Comprehensive Healthcare is to provide quality health care, dental and behavior health care to everyone regardless of ability to pay.

It is the responsibility of the Board of Directors to monitor, oversee and provide overall direction for AAA Comprehensive Healthcare in furtherance of the Mission, approve the planning and selection of organizational policies, programs, and services. These responsibilities are articulated in further detail in the AAA Comprehensive Healthcare Bylaws.

AAA Comprehensive Healthcare is a community clinic under the Health Resources & Services Administration (HRSA) Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended (including sections 330(e), (g), (h), and (i)), as well as subrecipient organizations and Health Center Program Look-Alikes. Look-Alikes do not receive Federal funding under section 330 of the PHS Act; however, to receive look-alike designation and associated Federal benefits, look-alikes must meet the Health Center Program requirements.

To qualify as a FQHC or FQHC Look-Alike, the health center must demonstrate that it is responsive to the needs of the population it serves. For the Board of Directors, this means that the Board must be composed of a majority of members who are health center patients and whose composition broadly reflects that of the community at large. The following application request personal information related to your role as a prospective board member, including information specifically related to the Health Center Program requirements regarding Chapter 20: Board Composition in the Health Center Program Compliance Manual.

Conflict of Interest Policy: Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by officers, employees, and agents and those who furnish goods to the health center. No board member shall be an employee of the health center or an immediate family member of an employee.

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The information below is requested to ensure that the Board of Directors maintains the composition required by HRSA.

Are you currently a patient, or the parent of a patient, of AAA Comprehensive Healthcare? (You and/or your child has been seen by a provider within the last 24 months.) YES _____ NO _____

Board of Directors meetings occur monthly at AAA Comprehensive Healthcare via Zoom. Meetings are generally scheduled the fourth Monday of each month at 6:00 p.m. Will you be able to attend monthly meetings? YES _____ NO _____

Date of Birth (month/day/year): ___/___/_____

Gender: FEMALE _____ MALE _____

Race:

- ___ Asian
- ___ Native Hawaiian/Other Pacific Islander
- ___ American Indian/Alaska Native
- ___ White
- ___ Black/African American
- ___ More than one race

Ethnicity:

- ___ Hispanic or Latino
- ___ Non-Hispanic/Latino

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PERSONAL INFORMATION

Name

Last: _____ First: _____ Middle: _____

Home Address: _____

Phone

Home: _____ Work: _____ Cell: _____

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Email Address: _____

WORK HISTORY

Are you currently employed in the health care industry? Healthcare industry is defined as hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

YES ___ NO ___

Please provide information about your present employment. Retired individuals, or those presently unemployed, may provide most recent employment information. Please attach your complete resume separately.

Employer: _____

Job Title: _____

Dates of Employment (month/year): _____ to _____

Brief description of work responsibilities: (up to 75 words)

EDUCATION AND TRAINING

Education: High School (or equivalent) -or- College/University Degrees

(degree, college/university):

Undergraduate: _____

Graduate: _____

Additional Training, Certification: _____

STATEMENT OF INTEREST

Why are you interested in the health of our community? (Up to 150 words):
