

**MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS &
SUFFOLK UNIVERSITY/SAWYER BUSINESS SCHOOL/
MOAKLEY CENTER FOR PUBLIC MANAGEMENT**

2017 – 2018 Certificate Program in Community Health and Community Health Center Management

APPLICATION FORM

Please attach the completed Supervisor's Recommendation/Agency Commitment Form with your application. Please feel free to use additional paper to answer any of these questions.

If the application is not complete, it will be returned causing a delay in the review process.

Name _____

Agency affiliation _____

Job title _____

Work address _____

Work phone _____ Cell Phone _____

Email _____ Alternate Email _____

Home address _____

Give a brief description of current job duties.

Supervisor name _____

Phone _____ Email _____

Years of professional experience _____ yrs Years of health center experience _____ yrs

How many years were you in supervisory/managerial positions? _____ yrs

Describe what you think will be your next job.

Educational Background

High School _____ Year graduated: _____

College _____ Year graduated: _____

Graduated No If no, number of college credits received _____

Are you interested in pursuing a graduate degree in management? Yes No, If no, why?

What are the three main objectives/areas of expertise that you would like to be able to perform/gain from your participation in the community health management program?

1. _____
2. _____
3. _____

I understand that my enrollment in the community health management program requires my commitment to attend all classes (25 weeks), pay for class materials as required and to participate fully in the curriculum. And, in exchange for my agency's supporting my participation by providing me with paid time-off to attend classes, I agree to continue working for my current employer for one year after graduation from the program.

MISSING CLASSES AND INCOMPLETE HOMEWORK ASSIGNMENTS WILL JEOPARDIZE YOUR CHANCES OF RECEIVING GRADUATE CREDITS FOR THE PROGRAM.

Applicant signature

_____ Date _____

Supervisor's signature

_____ Date _____

Executive Director's approval

_____ Date _____

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Supervisor's Recommendation / Agency Commitment Form

Applicant Name: _____

Supervisor's Recommendation: Please complete the following or attach a signed recommendation letter.
I have supervised the applicant for _____ years, and have known the applicant's work for _____ years.

The applicant is in the top 5% 25% 50% other of all the people I have supervised. In five years, I expect the applicant to be able to assume a position as?

I recommend the applicant for participation in the community health center management program
 Without reservation, Highly, With reservations.

I base my recommendation on the following factors:

Supervisor's Signature:

As the applicant's **Sponsoring Agency** representative, I agree to pay a **\$50 Agency Registration Fee** (\$50 maximum, regardless of the number of agency applicants.) I agree to give enrolled employees paid time-off in order to attend classes and to adjust their work requirements accordingly. I understand that all community health management program enrollees will commit themselves to continue employment with their sponsoring agency for at least one year following their graduation.

Sponsoring Agency CEO/Executive Director _____

**PLEASE RETURN COMPLETED APPLICATION AND \$50.00 APPLICATION FEE
BY JULY 27 TO:**

MLCHC Admissions Committee, Community Health Management Program,
40 Court Street, 10th Floor, Boston, MA 02108

Additional applications may be found on our website,
<http://www.massleague.org/SuffolkCertificateProgram/>