



Massachusetts League of Community Health Centers
&
Suffolk University/Sawyer Business School Moakley Center for
Public Management
2024-2025
Certificate Program in
Community Health and Community
Health Center Management

Raise Performance, Retain Talent, Recruit the Competition

Return completed application via email to: MLCHCSuffolkProgram@massleague.org

Payments should be made out to: MLCHC/Suffolk Program

A \$50 fee per health center is due at time of submitting the application. It is the responsibility of the health center, not the applicant, to pay the application fee.

Mail checks to:

40 Court St., 10th Floor
Boston MA, 02108

CERTIFICATE PROGRAM IN COMMUNITY HEALTH AND COMMUNITY HEALTH CENTER MANAGEMENT

In its ongoing efforts to address workforce issues in community health, the Massachusetts League of Community Health Centers, in partnership with Suffolk University, has developed a certificate program to advance the skills and careers of community health center middle managers. The Certificate Program in Community Health and Community Health Center Management is the result of hours of League consultation with health center executive directors, administrators, clinicians and board members on the challenges health centers face in retaining and promoting staff, particularly middle managers. In response, the League collaborated with Suffolk University to create a certificate program specifically tailored to the unique needs of health center professionals who desire to increase their skill level and advance within their health center organization.

Although training programs do exist in public and human service management, the League has identified serious barriers for mid-career staff in need of certain skills that will take them to the next level of management responsibility: (1) lack of financial resources to pay for education; (2) inadequate release-time from work responsibilities; and (3) a perception that existing programs are not tailored to the specific skill sets required by community health agencies.

Addressing these barriers through a program that is uniquely structured for health center middle level managers, the program seeks to: (1) increase the number of qualified health center mid-managers; (2) provide career growth opportunities for midmanagers; and (3) introduce mid-managers to others in similar positions as mentors who will provide counseling and support.

Program Sponsors

- *The League & Suffolk University Certificate Program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,666,805 with 71.5 percentage of costs financed with non-governmental sources. All program content reflects the views of participating faculty and does not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*
- *The League & Suffolk University Certificate Program is supported by funds from the University of Massachusetts Medical School/Commonwealth Medicine (CWM), MassAHEC and MassHealth.*

MLCHC (Mass League of Community Health Centers)
Certificate in Community Health and Community Health Center Management

(Potential for up to 12 graduate credit waivers for certificate graduates enrolled in Suffolk University graduate programs. Tuition value at Suffolk \$15,200).

Notes	Block 1	Block 2	Block 3	Block 4	Block 5
<p>Location: Online 80%</p> <p>In Person 20%: at Suffolk University/120 Tremont Street on: 9/13/24(xxxx), 11/1/24; 1/10/25; 2/28/25 and 4/11/25 and at graduation</p> <p>Class Time: 9-12 & 1-4 or all day 9-4</p> <p>Orientation: 9/13 at 12 noon Tuition: \$3,950</p> <p>Info Session: 1/31/25 Graduation: June 2025 MCPM Liaison: Burke</p> <p>Enrollment: 24 students</p>	<p align="center">Fridays 9/13-10/11/24</p> <p align="center">Intro to Community Health Services Management (MCPM 823/705) Curry</p> <p align="center">Human Resource Mgt (MCPM 716) Renzo</p>	<p align="center">Fridays 11/1-12/13/24 <i>(No Class 11/8 and 11/22)</i></p> <p align="center">Intro to Community Health Services Management (MCPM 823/705) Curry</p> <p align="center">Human Resource Mgt (MCPM 716) Renzo</p> <p align="center">NOTE: If we are holding classes in a classroom and a Snow Day occurs then the session will be conducted by Zoom.</p>	<p align="center">Fridays 1/10-2/7/25</p> <p align="center">Contemporary Challenges in Community Health Centers Hunt</p> <p align="center">Quality Assurance & Technical Grant Writing for Public Funding Storm</p> <p align="center">NOTE: If we are holding classes in a classroom and a Snow Day occurs then the session will be conducted by Zoom.</p>	<p align="center">Fridays 2/28-3/28/25</p> <p align="center">Managing Finances and Revenue Strategies through Fundraising (MCPM 849) Spurlock</p> <p align="center">NOTE: If we are holding classes in a classroom and a Snow Day occurs then the session will be conducted by Zoom.</p>	<p align="center">Fridays 4/11-5/9/25</p> <p align="center">Leadership in Community Health Services (MCPM 718) Driscoll</p>



**CERTIFICATE PROGRAM IN
COMMUNITY HEALTH AND
COMMUNITY HEALTH CENTER
MANAGEMENT**



Application Form

Please return on or before August 2, 2024 or earlier as applications are reviewed on a rolling basis and space is limited.

Name:

Job Title:

Agency:

Member: Yes No

Work Address:

Home Address:

Work Phone:

Cell Phone:

Email:

Alternate Email:

Date of Birth: (DOB is used to set up your Suffolk ID, it is not used in selection)

Have you applied to this program previously? Yes No

Please attach your most recent resume as part of this application; please make sure your current job title, position, and responsibilities are listed on your resume.

Years of professional experience? yrs. Years of supervisory/management positions? yrs.

Are you a first generation college student? (Please note that this information will not impact the applicant's consideration for this program.) Yes No

Education: **(check most advanced level completed)**

High school diploma/GED

Associates Degree in

Bachelor Degree in

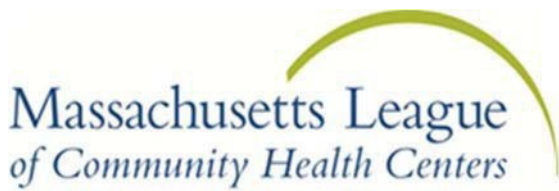
Master's Degree in

Describe what you think will be your next job:

Are you interested in pursuing a graduate degree in management? Yes No

What are the three main areas of expertise that you would like to be able to master from your participation in the Certificate in Community Health and Community Health Center Management Program?

1. 2. 3.



Participation Contract

I understand that my enrollment in the *Certificate in Community Health Management Program* requires my commitment to attend all classes (25 weeks), pay for class materials as required to participate fully in the curriculum, and to participate in an evaluation of the program. (Materials: students will be responsible for the cost and ordering of books. While we cannot guarantee the final amount students will need to spend because the cost of books fluctuates each year, this year you can expect a total cost of books somewhere around \$250). I also understand that after attending the second class meeting my tuition is no longer refundable. 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 at least one year after graduation from the program.

Typing your name below will be considered your electronic signature.

Applicant signature

Date:

Application Process

Please provide contact information for your supervisor, whom we will collect a recommendation from:

Supervisor's full name:

Supervisor's title:

Supervisor's email address:

Supervisor's work phone number:

APPLICATION DUE DATE: August 2, 2024

ADMISSIONS DECISION: August 16, 2024

Who referred you for this program? Name

Email

Are they an alumna/us of the Suffolk program? Yes

No

PLEASE NOTE:

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

Notes: Applicants are not responsible for the application fee, that is the responsibility of the Health Center.

For any questions regarding the program and/or application process, please contact Mass League Staff at:

MLCHCSuffolkProgram@massleague.org

Please attach a 500-word essay on why you would like to participate in this program, and specific ways this program will help you in your career.

Describe why you would like to participate in this program:

Each health center can recommend a maximum of 3 applicants to apply in any application cycle.

Application to the Suffolk Certificate program requires individuals to be recommended or referred by health center leadership. By signing below, I certify that both my immediate supervisor and health center leadership support my candidacy and application to this program.

Typing my name below serves as my electronic signature
Applicant signature

Typing my name below serves as my electronic signature
Supervisor signature

Typing my name below serves as my electronic signature
HR Director (or designee) signature