



healthcurrent

## Advisory Council Application Form

To serve on one of the Health Current Advisory Councils, an individual must be a qualified representative of a Health Current Participant organization in good standing.

Applications are accepted at any time and are utilized to fill vacancies during annual appointments or any time throughout the year as needed.

Once completed, forms should be returned to [info@healthcurrent.org](mailto:info@healthcurrent.org).

If you have any questions, please contact us at (602) 688-7200.

### Section A - Nomination

If you wish to nominate someone for one of the Health Current Advisory Councils, please complete this section. Please make sure Section B is complete as well. If you are applying for yourself, skip Section A.

<b>Your Name:</b>	
<b>Your Title:</b>	
<b>Your Organization:</b>	
<b>Your Address:</b>	
<b>Your Phone Number:</b>	
<b>Your Email Address:</b>	
<b>Brief description as to why you recommend this candidate:</b>	

### Section B - Application

Please complete this section regarding the applicant:

<b>Name:</b>	
<b>Title:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Is your organization a Health Current Participant?</b>	<input type="checkbox"/> <b>Yes</b>
	<input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Do not know</b>

<b>Which Advisory Council are you applying for?</b>	<input type="checkbox"/>	<b>Data Governance Council</b>
	<input type="checkbox"/>	<b>Privacy &amp; Security Council</b>
	<input type="checkbox"/>	<b>Clinical Advisory Council</b>
<b>Brief Bio:</b>		
<b>Brief description of interest/experience as it relates to the Advisory Council you are applying for:</b>		
<b>Brief description of interest in being a Health Current Advisory Council Member:</b>		