

## Rural Health Transformation Program Advisory Council Application

### Wisconsin Rural Health Transformation Program Advisory Council Application

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#### 1. Applicant Information \*

First name

Last name

Street address

City

State

ZIP code

Email address

Phone  
number

Mobile  
phone

2. If you are or have been known by any other name, please list them here (optional).

3. County or Tribe of residence \*

Adams County  
Ashland County  
Barron County  
Bayfield County  
Brown County  
Buffalo County  
Burnett County  
Calumet County  
Chippewa County  
Clark County  
Columbia County  
Crawford County  
Dane County  
Dodge County  
Door County  
Douglas County  
Dunn County  
Eau Claire County  
Florence County  
Fond du Lac County  
Forest County  
Grant County  
Green County  
Green Lake County  
Iowa County  
Iron County  
Jackson County  
Jefferson County  
Juneau County  
Kenosha County  
Kewaunee County  
La Crosse County  
Lafayette County  
Langlade County  
Lincoln County  
Manitowoc County  
Marathon County  
Marinette County  
Marquette County  
Menominee County  
Milwaukee County  
Monroe County

Waupaca County  
Oconto County  
Oneida County  
Outagamie County  
Ozaukee County  
Pepin County  
Pierce County  
Polk County  
Portage County  
Price County  
Racine County  
Richland County  
Rock County  
Rusk County  
Sauk County  
Sawyer County  
Shawano County  
Sheboygan County  
St. Croix County  
Taylor County  
Trempealeau County  
Vernon County  
Vilas County  
Walworth County  
Washburn County  
Washington County  
Waukesha County  
Waupaca County  
Waushara County  
Winnebago County  
Wood County  
Bad River Band of Lake Superior Chippewa Tribe  
Brothertown Nation  
Forest County Potawatomi Community  
Ho-Chunk Nation  
Lac Courte Oreilles Band of Lake Superior Chippewa Tribe  
Lac du Flambeau Band of Lake Superior Chippewa Tribe  
Menominee Nation  
Oneida Nation of Wisconsin  
Red Cliff Band of Lake Superior Chippewa Tribe  
Sokaogon Chippewa Community  
St. Croix Chippewa Community  
Stockbridge-Munsee Band of Mohican Tribe

4. Are you applying to this board to serve as an individual or to represent an organization?

\*

- Individual
- Organization representative

5. Organization name

6. Did anyone refer you to apply to this position?

\*

- Yes
- No

7. Name and organization of the person who referred you to apply.

8. This council will meet quarterly for about 2 hours per meeting. Members should also plan for additional time for meeting preparation and follow up. Considering these expectations, do you anticipate availability and capacity to participate on a consistent basis? \*

- Yes
- No

### **Interest and experience**

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9. Why do you want to serve on Wisconsin's Rural Health Transformation Program Advisory Council (up to 250 words)? \*

10. Are you interested in exploring a leadership position with the council? \*

- Yes
- No

11. Tell us a little about yourself. What life experiences and areas of expertise would help you contribute to the advisory council? Consider **personal** and/or **professional experiences and expertise** (up to 250 words). \*

12. What issues do you think Wisconsin's Rural Health Transformation Program Advisory Council should address? Consider rural health challenges or strengths you feel are important for a statewide advisory group to understand or perspectives from your area that you feel are underrepresented (up to 250 words). \*

13. In what ways have you experienced or engaged with rural health care?

\*

- I help prepare or train health care workforce
- I provide health care in rural settings
- I receive health care in rural settings
- I support health care providers in rural settings
- Other - Write In (Required)

\*

14. What type of health care services do you provide in rural settings?

- Behavioral health
- Certified peer support specialist or parent peer support specialist
- Community health worker
- Dental
- Emergency medical services (EMS)
- Long-term care
- Pharmacy
- Primary care
- Public health
- Specialty care
- Other - write in (required)

\*

15. In what type of setting(s) do you provide care?

- Community health center
- Dental clinic
- Home or community-based settings
- Hospital
- Local or Tribal health department
- Long-term care
- Rural health clinic
- Other - write in (required)

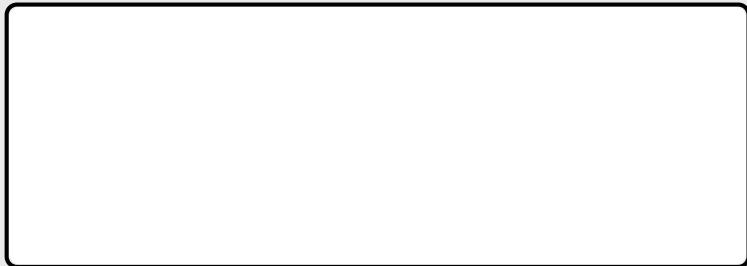
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16. Are you or have you been an elected official in Wisconsin or any other state?

\*

- Yes
- No

17. Share details about the elected position(s) held (titles and dates).



18. Do you currently or have you in the past served on any other boards or commissions?

\*

- Yes
- No

19. Please list current or previous boards, councils, or committees on which you've served along with your years of service.

20. Are you employed/self-employed? \*

- Yes
- No

21. Employer/name of business (if applicable)

22. Current job  
title

23. You may attach a brief bio, resume, or curriculum vitae (optional).

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