

Rural Health Transformation Program Advisory Council Application

Wisconsin Rural Health Transformation Program Advisory Council Application

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

Monroe 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

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)

*

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).

Browse...

