



Northeast Valley Health Corporation
a californiahealth⁺ center

Application for Board of Directors

Northeast Valley Health Corporation (NEVHC) is a non-profit community-based private health care delivery system dedicated to providing primary medical care services and educational services to residents of the San Fernando and Santa Clarita Valleys and surrounding communities.

Mission Statement & Philosophy

The Mission of Northeast Valley Health Corporation is to provide quality, safe and comprehensive primary healthcare to medically underserved residents of Los Angeles County, particularly in the San Fernando and Santa Clarita Valleys, in a manner that is sensitive to the economic, social, cultural and linguistic needs of the community. Our philosophy is that everyone has the right to primary health care services regardless of economic status. NEVHC's goal is to provide high-quality health care services at an affordable cost in an atmosphere of dignity and confidentiality.

General Information & Term of Office

A voluntary Board of Directors governs Northeast Valley Health Corporation. This policy setting board is unique in that 51% of the Directors are clients/patients who use our health centers for the past six (6) months. The rest of the Board is made up of local business/professionals with expertise in community affairs, health, business, banking, finance, social services, trade unions, legal affairs or local government. The Governance Committee reviews applicants and submits their recommendations to the full Board; potential candidates are invited to meet the Board of Directors; and, the Board makes their final determination. Recruitment for the Board of Directors is ongoing. Term of office is for three (3) years, and Directors may serve up to three (3) consecutive terms, or a total of nine (9) years.

As a member of the Board, Directors are required to attend at least two (2) meetings each month, the regular Board meeting, and to serve on at least one (1) standing committee. Full board meetings are regularly scheduled for the last (4th or 5th) Monday of each month. The following Standing Committees also meet monthly:

Quality Improvement & Compliance (1st Monday, 6/per year)
Planning and Development (2nd Tuesday)
Governance (2nd Tuesday)
Audit (Tuesday prior to Finance, 3-4/per year)
Finance (Tuesday prior to the Full Board Meeting)
Personnel (Tuesday prior to the Full Board Meeting)

In addition to monthly meetings, Directors are also expected to participate in at least one annual Strategic Planning/Training Board Retreat. The election of officers takes place at the November meeting.

Excellent training is provided in a number of interesting venues. The National Association of Community Health Centers provides workshops and "Boot Camps" for new board members at annual meetings and conferences. NEVHC also sponsors periodic specialized trainings. If you are interested in serving on the Board of Directors for Northeast Valley Health Corporation, please complete and submit this application along with your résumé to:

Attention: Jeannette Correa
Northeast Valley Health Corporation
1172 No. Maclay Avenue, San Fernando, CA 91340
(818) 898-1388, Ext. 41610

**For Office use only:**

Date Application Received _____ Date Governance Committee Reviewed _____

Recommendation: _____

Date of Presentation to Board of Directors: _____ Date Accepted/Declined: _____

Consumer Applicant: Verification of 6 mos. Utilization [☐] Yes [☐] NoDate Credentialing Application approved: _____ COI on File? [☐] Yes

Instructions: Please complete this form and return to Northeast Valley Health Corporation, ATTN: Jeannette Correa, 1172 North Maclay Ave, San Fernando, CA 91340. Please be assured that all information is confidential.

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Name (please print)	Work Phone	Home Phone	
		Résumé attached (if available):	
Address	City/Zip	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Email Address			

1. Application for Board of Director as
 - a. Professional; Non-Patient: [☐] **Please skip to question 6.**
 - b. Patient, **please complete all questions.** This information is required to document our compliance with Federal Grant Regulations.
2. Have you received services at an NEVHC Health Center within the last six (6) months?
[☐] Yes [☐] No
If "Yes," which facility? _____
3. Age: ____ under 20 ____ 20-24 ____ 25-34 ____ 35-44 ____ 45-64 ____ 65 or over
4. Sex: [☐] Male [☐] Female
5. Annual Income: ____ Less than \$20,000 per year
 ____ \$20,000 - \$40,000 per year
 ____ \$40,000 or more per year
6. Ethnic Group: ____ Hispanic/Latino ____ Black/African American ____ Anglo/White
 ____ Asian ____ Pacific Islander ____ Indian/Native American
Other: _____
7. Are you currently, or have you ever been employed by NEVHC within the last twelve (12) months?
[☐] Yes [☐] No
8. Is any member of your immediate family employed by NEVHC? [☐] Yes [☐] No
If "Yes," please explain: _____
9. Do you receive more than 10% of your income from the health care industry?
[☐] Yes [☐] No
10. Do you have any issues with NEVHC providing family planning services? [☐] Yes [☐] No

11. Areas of expertise. Please check all that may apply:

<input type="checkbox"/> Bank/Financial	<input type="checkbox"/> Business	<input type="checkbox"/> Community Affairs	<input type="checkbox"/> Education
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Government	<input type="checkbox"/> Health Care	<input type="checkbox"/> Labor Union
<input type="checkbox"/> Legal	<input type="checkbox"/> Social Services	<input type="checkbox"/> Other (specify) _____	

Briefly describe your experience(s):

12. Employment History – Occupation/Title: _____

Employer: _____

13. Education/Training:

14. Honors/Awards: _____

15. Organizations/Memberships:

16. Current/Previous Board Experience (membership):

17. Why are you interested in serving on NEVHC's Board of Directors?

18. Are you able to make the time commitment to attend the required meetings?

☐ Yes ☐ No

19. Personal references: (For Consumer Applicants, please also list an NEVHC staff reference, if possible)

Name(s)

Phone(s) Number(s)

20. As part of the appointment to the Board of Directors, you will be asked to complete a Credentialing Application. Do you have? :

a) Social Security number ☐ Yes ☐ No

b) A California ID or driver's license? ☐ Yes ☐ No

c) Are you willing to be fingerprinted for clinic licensing applications? ☐ Yes ☐ No

d) Are you a U.S. citizen or legal alien resident? ☐ Yes ☐ No

21. Who referred you to apply to Board of Directors? _____

"I certify that the statements and information I have provided in this application are true and correct to the best of my knowledge."

Signature

Date