### **NACHC**

# Certificate in Health Center Governance Program for Health Center Board Members

NACHC is pleased to provide a certificate program designed for Health Center Board Members who wish to follow a formal path of training and skills enhancement in the area of health center governance. Individuals who wish to enroll in the Certificate in Health Center Governance Program must complete the application and submit it at the beginning of the conference to the NACHC Governance counter along with a \$25 application fee.

(Note: The application fee is waived for applicants who serve on the Board of a NACHC Organizational Member in good standing and who are registered for the conference.)

#### **How do I become certified in Health Center Governance?**

To obtain certification, you must complete a total of 31 contact hours through attendance/participation in designated education sessions offered at any of NACHC's three national conferences (i.e., Community Health Institute (CHI), Policy & Issues Forum (P&I), and the National Farmworker Health Conference). One contact hour equals one hour of session time.

The total required number of contact hours must be obtained within three (3) years of enrollment in the program. If 31 contact hours are not completed within that three-year time period, you must re-enroll and pay the application fee, if applicable. Due to the changing scope and nature of information related to health centers and the health care environment, previously earned contact hours will not be counted toward the new enrollment period.

Program participants must attend the following sessions **in person**:

- Board Member Boot Camp: Parts A, B, C & D (5.0 contact hours offered at the CHI and P&I)
- At the Bar for Board Members (2.0 contact hours offered only at the CHI)

Program participants may choose from all other NACHC conference education sessions that are designated for contact hours. For each session selected, the minimum contact hours must be completed within the three-year enrollment period based on the educational tracks listed below:

- Clinical Track (4.5 contact hours)
- Policy Track (4.5 contact hours)
- Finance Track (4.5 contact hours)
- Governance Track (6.0 contact hours)\*
- Management, Technology or Pharmacy Track (4.5 contact hours)

\*Board Member Boot Camp and At the Bar for Board Members may not be used to fulfill the Governance Track requirements.

In addition to earning educational credits through NACHC conferences, participants can receive credits online via the NACHC LiveLEARNING Center at www.nachcLiveLEARNING.com

#### How do I receive credits for the sessions I attend?

To be eligible to receive credits you **MUST**:

Have your badge scanned at the end of each education session you attend.

**AND** 

• Complete the "Session Evaluation" for each session you attend.

#### **Need Your Governance Status? No More Waiting!**

All records will be updated four weeks after the conference. Using your NACHC login information, go to www. nachcLiveLEARNING.com. Click on "My Account", log in, and you will be able to review or print your certificate or status report. If you have difficulties accessing your account, send an e-mail to: support@cmcgc.com for technical assistance. For further information, e-mail nhovnanian@nachc.com or call (301) 347-0429.

REMEMBER — Get your badge scanned and fill out the session evaluation!

# NACHC Certificate in Health Center Governance Program

## **ENROLLMENT FORM**

| Name:   | Title:                              |                                       |
|---|-------------------------------------|---------------------------------------|
| Health Center Organization:   |                                     |                                       |
| Address:  |                                     |                                       |
| City:   | State:                              | Zip:                                  |
| Phone:  | Fax:                                |                                       |
| E-Mail: (in the event NACHC may need to contact you directly)   | IMIS ID                             | (your badge #)                        |
| I wish to receive all correspondence related to the Cer   | tificate in Health Center Governan  | ce Program:                           |
| ☐ at the above address  |                                     |                                       |
| ☐ at the following address:   |                                     |                                       |
| Mailing Address:  |                                     |                                       |
| City:   | State:                              | Zip:                                  |
| Phone:  | Fax:                                |                                       |
| E-Mail:   |                                     |                                       |
|   |                                     |                                       |
| The Certificate Program enrollment fee of \$25 is waive NACHC Organizational Member in good standing. | ed for individuals who serve on the | e board of a health center which is a |
| ☐ My health center is not a NACHC Organizational M  | lember, therefore, my enrollment f  | ee is enclosed in the amount of \$25. |
|   |                                     |                                       |
| Signature   | Date                                |                                       |
|   |                                     |                                       |
|   | For NACHC use only:                 |                                       |
| Date Received:  | -                                   |                                       |
| Organizational Member in Good Standing:   | YesNo                               |                                       |
| Application Fee: Enclosed Amount:   | \$                                  |                                       |