

Below, please find the questions included in the application to the Council Fellows Class of 2023 for reference. **Please note that applications will only be accepted via the online submission platform found at <https://healthcarecouncilfellows.com/apply/>. No submissions will be accepted via email or any other means.**

- **Name***
 - First
 - Last
 - Suffix
 - Prefix
- **Gender***
 - Male
 - Female
 - Gender not listed
 - Prefer not to say
- **Preferred Pronouns***
 - She/her/hers
 - He/him/his
 - They/them/theirs
 - Prefer not to say
- **Race***
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Other
 - Prefer not to say
- **Ethnicity***
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Prefer not to say
- **Nickname/Familiar name for Name Badge:***
- **Your Preferred Initials (i.e., JWR):***
- **Your Preferred Name for Media Releases (i.e., Jane Smith):***
- **Home Address:***
- **Mobile Phone:***
- **Primary Email:***
- **Position/Title:***
- **Company/Organization:***
- **Parent Company (if applicable):**
- **Business Address:***
- **Business Phone:***
- **Assistant Name:**
- **Assistant Email:**
- **Assistant Phone:**
- **Assistant Title:**
- **Number of Direct Reports***

- **Job Title of Person to Whom You Report**
- **Preferred Mailing Address***
 - Business Address or Home Address?
- **Years with Current Employer***
- **What category best describes your industry sector?*** Please select one
 - Accounting
 - Ambulatory/Outpatient Care
 - Ancillary Professional Support
 - Architecture
 - Banking
 - Behavioral Care
 - Billing Services/Claims Processing
 - Biotechnology
 - Capital Investment
 - Clinical Laboratory Services/Testing
 - Clinical Outsourcing/Contract Management
 - Clinical Research
 - Construction
 - Consulting
 - Continuing Education/Professional Development
 - Dialysis/Renal Care
 - Disease Management
 - Educational Institution
 - Health Information Technology/e-Health
 - Home Care
 - Hospital System/Management
 - Insurance/Brokerage
 - Legal Services
 - Long-term Care
 - Managed Care
 - Marketing/Communications/Advertising
 - Media/Publishing
 - Medical Products/Devices
 - Non-Profit
 - Pharmaceuticals
 - Physician Practice Management
 - Real Estate/Facility Development
 - Rehabilitation
 - Staffing Services/Executive Recruiting
 - Trade Association
 - Other, please describe
- **Is your organization considered a government entity?***
 - Yes or no
- **Is your company a member of the Nashville Health Care Council?***
 - Yes
 - No

- Unknown
- **Are you a full-time practicing clinician?***
 - Yes or no
- **Are you in need of scholarship assistance to participate in the Council Fellows program?***
 - Yes or no
- **Provide a brief description of your organization and/or business unit: (1500 characters max)***
- **Briefly describe your current role and responsibilities: (1500 characters max)***
- **Write a short bio about yourself: (1000 characters max)***
- **If selected, what do you hope to gain by participating in Council Fellows?*** (300 words max)
- **Please identify a single challenge, issue or problem you feel is critical to solve to transform the health care industry: (maximum of 1000 characters)***

Fellows 2023 Session Dates

- **Opening Session:** Thursday, January 26 – Friday, January 27, 2023
 - **Session 1 (virtual):** Friday, February 10, 2023
 - **Session 2 (in-person):** Friday, February 24, 2023
 - **Session 3 (virtual):** Friday, March 10, 2023
 - **Session 4 (in-person):** Friday, March 24, 2023
 - **Session 5 (virtual):** Friday, April 7, 2023
 - **Session 6 (in-person):** Friday, April 14, 2023
 - **Session 7 (virtual):** Friday, May 5, 2023
 - **Closing Session (in-person):** Thursday, May 18 – Friday, May 19, 2023
- **Will you be able to fulfill the commitment of attending the opening retreat, seven Fellows classes and closing retreat?***
 - Yes or no
 - **Do you have the support of your employer for the time required to participate in this program?***
 - Yes or no
 - **Please list any recent or current community and/or board leadership positions:***
 - **Please enter contact information for two references below.**

After submitting this application, your references will receive a link to submit a letter of recommendation on your behalf. Once letters of recommendations have been received, you will be notified via email and your application be considered complete.

Alternatively, you can [send them to this page](#) to fill out the reference form.

- **First Reference Name:***
 - First and last
- **First Reference Title:***
- **First Reference Company:***
- **First Reference Email:***
- **First Reference Phone:***
- **Second Reference Name:***
 - First and last
- **Second Reference Title:***
- **Second Reference Company:***
- **Second Reference Email:***
- **Second Reference Phone:***

Payment for Fellows tuition is due upon acceptance into the program and must be received by the Nashville Health Care Council no later than Friday, January 6, 2023. Lack of payment might impact your participation in the Council Fellows program, which begins Thursday, January 26, 2023.