

Board of Directors Application

As we continue our mission to improve the health and wellness of our members and their families, we are searching for potential candidates to join our Board of Directors.

At this time, we are specifically seeking a director to fill the statutory position who:

- Has health care expertise and experience in the fields of mental health, intellectual and/or developmental disabilities, or substance use disorders.
- Resides in any of the 20 North Carolina counties that we serve.

We also welcome other well qualified applicants who can add valuable skills and experience to our Board of Directors. Additional appointments to our Board of Directors are made by the Cardinal Innovations County Commissioner Advisory Board (CCAB). The North Carolina statute also provides that an individual that contracts with a local management entity (LME) for the delivery of mental health, intellectual and/or developmental disabilities, or substance use disorders may not serve on the board of the LME for the period during which the contract for services is in effect.

First Name: _____ Last Name: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Contact Preferences: Phone Call Email Text Message

Age Range: 18-24 25-34 35-44 45-54 55-65 65+ Prefer not to answer

I self-identify as: Male Female Non-binary

I describe my race or ethnicity as: Asian Hispanic/Latinx Prefer not to answer
 Black/African Native American Other (Describe)
 Caucasian Pacific Islander

Which spoken language do you prefer? _____ Do you require an interpreter? _____

Do you require any accessibility accommodations? _____

Accessibility accommodations description: _____

How many years of healthcare experience do you have? _____

Describe professional experience in mental health, intellectual and/or development disabilities, or substance use disorder services, if any:

Name organizations where you have served in healthcare: _____

Describe political advocacy or volunteer experience in mental health, intellectual and/or developmental disabilities, or substance use disorder services, if any:

States/regions where you served healthcare organizations: _____

Position/area of responsibility with the healthcare organization: _____

Additional relevant work experience:
(Please include highlights and attach a CV)

Level of education completed: High school or equivalent Bachelor's degree Professional degree
 Trade/technical/vocational Master's degree Doctorate degree
 Associate degree

Why do you want to be a part of the Cardinal Innovations Board of Directors?

I am passionate about or have knowledge of:

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Actuarial skills | <input type="checkbox"/> LGBTQI communities |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Maternal/child health |
| <input type="checkbox"/> Behavioral health services | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Change management | <input type="checkbox"/> Physical health services |
| <input type="checkbox"/> Children/youth services | <input type="checkbox"/> Population health expertise |
| <input type="checkbox"/> Communities of color | <input type="checkbox"/> Process modeling and redesign |
| <input type="checkbox"/> Continuous quality improvement and reliability science | <input type="checkbox"/> Public Policy/Advocacy |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Risk management |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Senior services |
| <input type="checkbox"/> Early learning | <input type="checkbox"/> Social determinants of health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Technology, social media, and cybersecurity expertise |
| <input type="checkbox"/> Experience in a consumer-centric business | <input type="checkbox"/> Transitional age youth |
| <input type="checkbox"/> Health equity/disparities | <input type="checkbox"/> Veteran's services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Wellness promotion/prevention |
| <input type="checkbox"/> Immigration/refugee communities | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Law enforcement/corrections | |

What do you feel qualifies you for the Cardinal Innovations Board of Directors?

Submission Date: _____

The completed form should be mailed to the following address and postmarked no later than February 12:

Cardinal Innovations Healthcare
Attn: Julie Zawislak
P.O. Box 18851
Charlotte, NC 28218

