

Legacy Health Partners

BOARD OF DIRECTORS CANDIDATE APPLICATION

Name:	
Phone Number:	
NPI:	
Practice Name:	
Practice Address:	
Primary office Phone & Fax:	
Practicing Specialty:	
Provider Email Address:	
Geographic Area(s) Served by Practice:	
Questions You may submit answers on separate, attached pages if you prefer.	
Please list boards and committees that you have served on (business, civic, community, fraternal, political, professional, recreational, religious, social, etc.) and briefly describe how your experience has prepared you to serve on the Legacy Health Partners board.	
How do you feel Legacy Health Partners would benefit from your involvement on the Board (clinical skills, leadership experience, financial background, etc.)?	
In what ways do you believe Legacy Health Partners can impact all of its stakeholders (patients/members, the community, other providers, payers, employers)?	

<p>What do you envision being the role of the Board of Directors in the strategic and operational functions of Legacy Health Partners?</p>	
<p align="center">CV & References Please provide a copy of your CV along with your completed application.</p>	
<p>Please provide 2 professional / personal references:</p>	<p>First Contact Name:</p> <p>Title:</p> <p>Address:</p> <p>Phone:</p> <p>Email:</p> <p>Type of Business/Organization:</p> <p>May we contact (circle one) Yes / No</p> <p>Second Contact Name:</p> <p>Title:</p> <p>Address:</p> <p>Phone:</p> <p>Email:</p> <p>Type of Business/Organization:</p> <p>May we contact (circle one) Yes / No</p>
<p align="center">Board Member Role Description & Criteria Please confirm with your signature below that you have read and agree to the Legacy Health Partners Board Member Role Description & Criteria.</p>	
<p>Signature _____</p>	

Applications should be mailed to 1120 NW 20th, Suite 106, Portland, OR 97209, Attn: Kristin Gilmer.