

2019 New Board Member Application

NYSARH Members interested in being considered for service on the Board of Directors are invited to submit this signed and completed application by July 12, 2019 by email to info@nysarh.org or by fax to (315) 379-7707. Any questions may be directed to the Chair of the Governance Committee, Claire Parde, by email to cparde@columbiahealthnet.org or by phone at (518) 822-8820.

ra	rt I. Contact Information	
Na	me: An Norse Abdulla stated to the control of the c	
Но	me Address: ZTU Kjantone Rd Jamestoun NY 14701	
	me Phone: Cell Phone:	
Per	sonal e-mail address: awabdella@ Gwail.com	
Em	ployer: 3clf employed	
W	ork Address: Samlanda Da	
W	ork Phone: 5CIMA STATE OF THE PROPERTY OF THE	
W	ork e-mail address: abdella@azrh.ret	
	cupation/Position: Consultant	
Pa	rt II, Regional Representation	
$Pl\epsilon$	case select the geography with which you work/identify:	
	Lower Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	
	Capital District/Northern Catskills (Albany, Columbia, Greene, Rennselaer, Saratoga, Schenectady, Warren and Washington)	
	Adirondack (Clinton, Essex, Franklin, St. Lawrence, Jefferson, Lewis)	
	Central NY (Cayuga, Cortland, Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida Onondaga, Oswego, Schoharie)	
	Southern Tier (Broome, Chemung, Chenango, Delaware, Madison, Otsego, Schuyler, Steuben, Tioga and Tompkins)	
	Finger Lakes (Orleans, Genessee, Wyoming, Monroe, Livingston, Wayne, Ontario, Yates, Seneca)	
X	Western Region (Niagara, Erie, Chautauqua, Cattaraugus, Allegany) Elsewhere (please specify):	
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Part III. Sector Representation

Please check the following that describes the se	ctor you represent (check all that apply):			
 □ Healthcare Providers/Practitioners □ Acute Care/Hospitals/Health Systems □ Community Health Centers/FQHCs □ Dental/Oral Care □ Aging/Long Term Care □ Home Care □ Emergency Medical Services □ Behavioral Health □ Pharmacy □ Military (active duty and veterans) □ Infants & Children □ LGBQT □ Human Service Agencies □ Supportive Service Agencies □ Public Health Organizations □ Health Planning Organizations Part IV. Eligibility	Health Plans/Managed Care Healthcare Workforce Rural Economic Development Rural Health Networks Transportation Agriculture (industry and labor) Education/Academia Consumers Funders/Foundations Immigrant Populations Clergy Business & Industry Elected Officials Other rural stakeholder group (please specify): Capultant representations Agriculture (industry business & Industry) Clergy During and rural common with planning and rural common health planning and rur			
Please circle if the following statement is true or false True False I am either an individual member or a representative for an organizational member of the Association.				
Part V. Skills/Competencies/Areas of Expertise				
Please check off any area in which you have background or expertise;				
 ✗ Administration/Management ✗ Accounting/Fiscal oversight ☐ Legal ☐ Human resources/personnel management ☐ Marketing/Communications/PR ✗ Business development ✗ Early-stage organizations/startups ✗ Nonprofit Governance ✗ Strategic planning 	Fundraising access to resources Education/training Leadership development Healthcare industry knowledge Clinical practice knowledge Policy/Advocacy/Government Relations Subject matter expertise (please specify): Telehealth Group Process			

Part VII: References

Please list three personal or professional references:

Name of Reference: Karen Marcken

Title: Director Charles D. Cook Office of Rural Health

Affiliation: NYS DYH

Phone Number: (318) 402-0102

Email Address: Karen. wooden@ halth.ny. 60

Name of Reference: Along Knylon, Ph Donat woll

Title: Principal Revearch Scientist & Co-Director

Affiliation: Walsh corter for Reval Health Araysis @ NORL

Phone Number: (301) 434-937.4

Email Address: Knur) yn - along @ ranz. Ont

Name of Reference: Rowy Broken

Title: EXECUTIVE DIRECTOR

Affiliation: North Country Behavioral Health Lake Network

Phone Number: (516) 524-0073

Email Address: barry@ behavoril healthnet.org

Part VIII: Attestation

If elected to the NYSARH Board of Directors, I, Ann Morse Atribud affirm that I am able to fulfill the duties and responsibilities of a NYSARH Board member, which include, but are not limited to, the following:

- Maintaining regular attendance at board and committee meetings [usually via telephone]
- Serving as a member of at least one committee of the board or corporation
- · Assisting with and participating in the Annual NYSARH Conference
- Participating in the approval of the annual budget and the allocation of any available grant funding
- · Maintaining general support of the Association and its purposes
- · Participating in policy, management and election discussion and decisions
- · Exercising my voting rights
- · Assisting in the creation of standing, special and/or ad-hoc committees as needed
- · Demonstrating board member responsibilities of care, loyalty, and obedience

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7/8/19

Candidate's Signature

Date

Pa	VI. Other qualities
Ple	se check off any additional qualities that you would bring to your board service:
X	Connections to policy makers Connections to a national field/industry network Please specify: Advisor book wellow of PHIHUD, Fed office Ruled Health Policy, NORC, NRHV Connections to particular communities and/or populations Please specify:
	Connections to funders Passion for the mission Availability/capacity to work/follow-through Meeting facilitation Team/consensus building Vision/big picture/strategic thinking Communication skills Leadership Contributes to board diversity Other (please specify):
C	ase list the Boards on which you currently serve and any positions you hold (e.g. Committee ir, Officer, etc.): National Rural Assistance Unter Advisory Board, Tautaugus (aunty Education Casution - New York)
po 1 1	ase list any additional Boards on which you have served in the past five years and any (2010-2011 itions held (Committee Chair, Officer, etc.): Chautauqua (aunty Chamber of Commune Caunce of Education) 2009-2015-60-Chair (anterne of Commune of Caunce of Commune of Caunce of Commune of Caunce of

Please list any Volunteer Activities with which you are involved: Tamestain Empire State Parady Reduction Initiative (BIPRI) Steening Committees Exalipation of Chautaugua Substance Abuse Response Fortnuchap; Children's Coalition; Presiliance Building Coalition; Health Foundation of Willy Fellows Action Network; NYSARH Policy Committee Page 3 of 4

2019 NYSARH New Board Member Application Form