



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.

Part I. Contact Information

Name: _____Richard Terry DO MBA

Home Address: _____926 Deerfield road

Home Phone: _____6073213111_____Cell

Phone: _____

Personal e-mail

address: _____rterry@lecom.edu_____

Employer: _____LECOM_____

Work Address: _____250 West Clinton Street

Work Phone: _____607-

7958037_____

Work e-mail

address: _____rterry@lecom.edu_____

Occupation/Position: _____Dean of LECOM at Elmira

Part II. Regional Representation

Please 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)
- Western Region (Niagara, Erie, Chautauqua, Cattaraugus, Allegany)
- Elsewhere (please specify):_____

Part III. Sector Representation

Please check the following that describes the sector 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
- LGBTQT
- Human Service Agencies
- Supportive Service Agencies
- Public Health Organizations
- Health Planning Organizations
- 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): _____

Part IV. Eligibility

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
- Membership recruitment/management
- Nonprofit program design/evaluation
- 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
- Other (please specify): _____

Part VI. Other qualities

Please check off any additional qualities that you would bring to your board service:

- Connections to policy makers
- Connections to a national field/industry network
Please specify: _____
- 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):

Please list the Boards on which you currently serve and any positions you hold (e.g. Committee Chair, Officer, etc.): _____

_____ Chief Academic Officer LECOMT

Lake Erie Consortium for Osteopathic Medical. Education

Chemung County Chamber of Commerce _____ See attached CV

Please list any additional Boards on which you have served in the past five years and any positions held (Committee Chair, Officer, etc.): _____

Please list any Volunteer Activities with which you are involved: _____

____Holy Family Advisory Board

Part VII: References

Please list three personal or professional references:

Name of Reference:____Roger Schenone

Title:_____Physician Associate DIO

Affiliation: _____Arnot /LECOM

Phone

Number:_____6074269908

Email Address:_____STMG1@hotmail.com

Name of Reference: _Mike Krusen

Title:_____Former_Pres. Southern tier economic
development_____

Affiliation: _____

Phone Number:_____607-426-

5126_____krusenmichael@yahoo.com

Email Address:_____

Name of Reference:____Jonathon Lawerance

Title:_____CEO Arnot health

Affiliation: - . . ArnotHealth .

Phone

Number:____6077374100

Email

Address: Jlawrance@arnohealth.org

Part VIII: Attestation

If elected to the NYSARH Board of Directors, I, Richard Terry, 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

a  7/9/19
Candidate's Signature Date