



Primary Care Movers and Changers (PCMAC) APPLICATION INSTRUCTIONS & CHECKLIST

APPLICATIONS DUE MARCH 23RD

APPLICATION & SELECTION PROCESS

The *Primary Care Movers and Changers (PCMAC)* will accept approximately 45 fellows for the Class of 2019. Only complete applications will be considered and reviewed. Factors that weigh significantly on the final application score include: the quality of the essays, applicant experience and readiness for the program (as demonstrated through their resume or CV), and the letters of recommendation. Fellows will also be selected to achieve a diverse cohort, representative of many types of experiences, organizations and geographic areas.

APPLICATION TIMELINE	
January 16, 2018	Application Process Open
March 23, 2018	Application Due Date
Early April 2018	Notification regarding application outcome
May 4, 2018 at 6:00pm	Start of First Training Session*

*A complete program schedule can be found online at <https://www.rihel.org/programs-training-and-events/primary-care-movers-and-changers/pcmac-program-schedule/>.

If selected, the applicant is expected to participate in the program. The tuition is covered through a grant from the Colorado Health Foundation. Tuition covers program instruction, coaching, materials, shared lodging, and meals. Transportation arrangements to and from the events are the responsibility of the fellow, though a stipend will be issued to each participant to cover the cost of travel or any other expense incurred due to participation in the program.

CHECKLIST

Step I - Sign up for an application login

Go to the [online application portal login page](#) and click create a login under the "SIGNUP" section. Once you have signed up, you may work on the application, or leave and return to the login page later to work on an unfinished application. Be sure to remember the email address and password that you created - they are needed each and every time to login to your application. At this point, you will receive a confirmation email that your login has been created.

Step II - Create Application

Once logged in, you will be directed to the main menu. Select "Create or Edit Application" to open and create your new application.

Step III - Complete all 12 sections of the online application



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GENERAL INFORMATION

Complete the General Information page of the application, by providing the following:

- 1. Personal Information** – descriptive information about you. Some information about the characteristics of the applicants or participants may be used in reports or publications in a way that will not identify any individual.
- 2. Work Information** – current employment and work contact information
- 3. Personal Contact Information** – your home or alternative contact information
- 4. Preferred Contact for Program-Related Communication from RIHEL** – the best email, phone and mailing addresses at which to reach you
- 5. Education** – information about the institutions you attended and degrees held

ELIGIBILITY

- 6. Complete the following section to determine your eligibility to participate**

*For the purpose of this program, **primary care is defined** as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community.*

The recruitment area is non-rural areas of the following counties:

Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Teller, Weld

*Are you a primary care provider? [\[yes/no\]](#)

*Type of clinician (*select all that apply*):

- Physician
- Physician assistant
- Nurse
- Nurse practitioner
- Dentist
- Dental hygienist
- Licensed mental or behavioral health provider
- Other licensed health care professional working as part of a care team (*please specify*):
- Other (*please specify*):

*Do you have an **active** license to practice in the state of Colorado? [\[yes/no\]](#)

If yes,

- License number
- Date of issue (mm/dd/yyyy)
- Date of expiration (mm/dd/yyyy)



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- Are there any restrictions or conditions on your license?

If no, license status:

- Application pending
- License suspended
- Other (explain)

Are you a participant in an educational loan repayment program? [\[check all that apply\]](#)

- Colorado Health Service Corps
- National Health Service Corps
- Other: _____

The PCMAC program is intended for licensed primary care clinicians who serve people in Colorado for whom access to care is a financial or social challenge, specifically people with low incomes or who are otherwise considered underserved or the recipients of safety net care.

*In your clinical practice, are at least 20% of patients enrolled in Medicare, Medicaid, CHIP or uninsured? [\[yes/no\]](#)

*Do you practice in a federally qualified community health center (FQHC)? [\[yes/no\]](#)

*Do you practice in a non-FQHC public or non-profit community clinic with a safety net mission/purpose? [\[yes/no\]](#)

*Do you practice in a medically underserved area, a health professional shortage area or serve a medically underserved population according to the state of Colorado?

<https://www.colorado.gov/pacific/cdphe/shortage-area-maps-and-data>

MISCELLANEOUS

7. Other Information

*How long do you plan to practice in Colorado following completion of the PCMAC program? [\[open ended\]](#)

*How did you hear about the Primary Care Movers and Changers (PCMAC) program? (*select all that apply*):

- Colorado Center for Nursing Excellence
- Colorado Nurses Association
- Public Health Nurses Association of Colorado
- Colorado Medical Society
- American Academy of Pediatrics (Colorado Chapter)
- Colorado Academy of Family Physicians
- CDPHE – Primary Care Office
- Regional Health Connectors



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- RIHEL (newsletter, website, staff/faculty, alum)
- Other (*please specify*): _____

SIGNATURE PAGES

8. Upload Application Signature Pages

Print and fill out the **three** Application Signature Pages:

1. **Fellow Responsibilities and Agreements** - to be filled out by the applicant
2. **Executive Nomination** – to be completed and signed by an executive in the applicant’s organization
3. **Background Check Authorization** - requires the applicant’s signature and other information to perform a background check. Acceptance into PCMAC is contingent upon the satisfactory results of a criminal background check. This page authorizes this check and provides the necessary information to conduct it.

The completed Signature Pages must be uploaded to your online application by March 23.

RESUME/CV

9. Upload Resume or Curriculum Vitae (CV)

Upload your resume or Curriculum Vitae (CV) to your online application **no later than March 23.** Be sure to include:

- Employment history, including number of years you have been employed at the organization under which you are applying
- Clinical and non-clinical volunteer experiences with underserved populations
- Principal clinical activities associated with primary care access or delivery to underserved populations over the last 5 years
- Graduate or undergraduate research/scholarly activities associated with primary care access or delivery to underserved populations
- Any languages you speak with proficiency in a clinical context
- Any special licenses or certifications you have earned.

Your resume/CV will be reviewed as part of your application. The reviewers are looking for experiences that demonstrate your readiness to participate in the program, and your current or future potential to apply what is offered in the program. Upload your resume or CV in .DOC or .PDF format using the upload fields provided in your application.

REQUEST RECOMMENDATIONS

10. Enter Names and Email Addresses for Recommendations (Required: 2)

Two recommendations are needed to complete the application. Provide the first name, last name and email addresses for the two people who will provide recommendations for you. (One of the recommendations may come from the executive who nominated you.) The system will automatically send an email message to your recommenders with instructions on how to



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complete the online recommendation. **If your recommenders cannot find their invitation, please have them check their spam/junk email folders.**

Recommendations will ordinarily be from persons senior to you who know you in your professional capacity well enough to address the questions asked, i.e.:

1. Please describe your relationship with the applicant, including the frequency of your observations, interactions, conversations or work with the applicant.
2. Please describe the applicant's typical leadership style and describe an example of the applicant using that style. Please comment on the effectiveness of this style.
3. From your personal knowledge or observation, please list some of the significant contributions that the applicant has made to his or her professional field that demonstrate leadership capacity.
4. Will the applicant have an immediate or near-future opportunity to apply the leadership knowledge and skills gained from participation in the PRIMARY CARE MOVERS AND CHANGERS program? [Yes/No]. Please explain:
5. What is the applicant's strongest personal quality which distinguishes and qualifies him/her for selection to participate in the PRIMARY CARE MOVERS AND CHANGERS program?

It is the applicant's responsibility to make sure that two recommendations are received by the deadline in order for your application to be considered complete.

Please direct any questions to Jen Stachelski at 303-871-2097 or jen.stachelski@rihel.org.

ESSAYS

□ 11. Complete Essays (A-C)

Complete the three essay questions. The essay questions are provided here, but each answer needs to be submitted in the appropriate field of the online application. The response to *each* question should comprise approximately 250 to 500 words. The answers to these questions are read carefully and scored by a panel of reviewers. The answers should be thoughtful and prepared with care. **This is the most heavily weighted part of the application.**

TIP: To avoid potential loss due to technical difficulties, it is recommended that the answers to these questions be prepared and saved in a word processor program in advance, and then copied and pasted into the online application when ready.

- A. *Please address both parts of this item: What is the single most important change in primary care that you intend to advocate through your participation in PCMAC? What is a second change in primary care that you care about and would like to see in the near future?*



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- B. *What contributions have you made in your personal or professional role that reflects/demonstrates your capacity as a leader?*
- C. *In your personal vision of the long term future of health care, what do you see, and what is motivating you to pursue it?*

❑ 12. Personal Statement

The personal statement should comprise approximately 500-1000 words. All statements are read carefully and scored by a panel of reviewers. Scores depend heavily upon the insight and leadership potential demonstrated in the answers to these questions. The answers should be thoughtful and prepared with care. **This is a very important part of the application.**

TIP: To avoid potential loss due to technical difficulties, it is recommended that the answers to these questions be prepared and saved in a word processor program in advance, and then copied and pasted into the online application when ready.

Your personal statement should include as much of the following as possible:

- Your personal background, such as whether you grew up in an underserved community, experienced a lack of equity in health care or the social determinants of health
- Your personal commitment to practice in a health professional shortage area and/or care for underserved patients
- Your path to a career in a health profession
- Your education and training, including projects and skills related to serving underserved populations
- The patient population to which you provide services and a description of how you, as a health care provider, do – or hope to – address the disparities and/or improve the health outcomes of this specific patient population (e.g., community outreach/education, support groups, research, etc.)

❑ Step IV - Review your application

The last step prior to SUBMITTING your application is to review it. Go to the “Review” section of the online application:

REVIEW

This screen will show ALL of the application fields (with the exception of the Recommenders names and email addresses). Review all of your responses to confirm that everything is accurate and complete (including the receipt of at least two recommendations and the upload of all required documents.)

NOTE: To confirm that at least two recommendations have been received, you will need to go to the “ADD OR EDIT RECOMMENDATION REQUESTS” page (link on the main menu) and check the “Status” of your recommendation requests.



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- If the Recommendation has been completed, the following text will appear in the “Status” line:
This person has responded to your recommendation request and no further changes to the information above can be made at this time.
- If the recommendation has not been received, you may send another request by clicking the “Resend Request” link on the “Status” line for that recommender.
- If you need to replace a recommender, please delete your initial request and add the new request.

☐ **Step V - “SUBMIT” your application**

ONLY WHEN YOUR APPLICATION IS COMPLETE, will a “SUBMIT” button will appear on the bottom of the “REVIEW” page. Click that button to submit your application.

**Applications must be submitted by Friday,
March 23, 2018.**

Please direct any questions to Jen Stachelski at 303-871-2097 or jen.stachelski@rihel.org.