



Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

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California Post-Baccalaureate (CalPOST-BAC) Program

Advisory Committee Member Application

Thank you for your interest in serving on the CalPOST-BAC Advisory Committee. To become a member, please review the CalPOST-BAC Advisory Committee roles and responsibilities. Then **submit this form along with a copy of your current resume by August 7, 2015 to:**

Daniel.Alvarado@oshpd.ca.gov Your application will be reviewed by the Healthcare Workforce Development Division and a determination of your membership will be made by August 14, 2015.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Languages spoken other than English (optional):

Ethnic background/affiliation (optional):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: _____ |

Disability (optional):

- YES NO

Please answer the following questions (attach a **maximum of up to one (1) additional page**, if necessary):

1. Describe your involvement in developing post-bac programs and opportunities.
2. Describe your involvement in programs focused on recruiting, training, and/or employing underrepresented minorities.
3. Describe your interest in serving on the CalPOST-BAC Advisory Committee.
4. What strengths, contributions, and resources would you bring to the CalPOST-BAC Advisory Committee that would make you the ideal candidates?

