

# Community Health Center, Inc. National Training and Technical Assistance Partnership (NTTAP) Learning Collaborative Application

## Learning Collaboratives Application

### Learning Collaboratives Application



Start



Complete



A detailed description of each learning collaborative is available [here](#). For any questions regarding this application, please contact Meaghan Angers, Project Manager, at [angersm@mwhs1.com](mailto:angersm@mwhs1.com).

Which learning collaborative opportunities are you interested in? Select all that apply. \*

- Comprehensive and Team-Based Care
- HIV Prevention
- Postgraduate Nurse Practitioner (NP) Residency and NP/Physician Assistant (PA) Training Programs
- Health Professions Student Training

The learning collaboratives are only available to HRSA funded health centers or look-alikes. Is your organization a health center or look-alike? \*

- Yes
- No
- Unsure

Health Center/Look-Alike Name \*

State \*

Name, credentials \*

Title \*

Your email address \*

Your phone number \*

Health Center Leadership Team: Chief Executive Officer (Name and Email) \*

Health Center Leadership Team: Senior Clinical Officer (Name and Email) \*

Provide an example of work you have done to change/improve your practice or implement change, regardless of success. How did it go? What did you learn? \*

Please tell us your organizational goals for participating in the selected learning collaborative(s) and what you expect to accomplish throughout your participation. \*

Describe your organization's Quality Improvement (QI) infrastructure. What QI practices do you currently use? \*

Is your organization able to dedicate a team to completing the work required in the learning collaborative for up to 1 hour/week? \*

- Yes
- No
- Unsure

Is your organization able to dedicate one staff person to lead this project for up to 2 hours/week? \*

- Yes
- No
- Unsure

Submit