

Community Health Center, Inc. National Training and Technical Assistance Partnership (NTTAP) Community of Practice (CoP) Application 2025-2026

Community of Practice (CoP) Application

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Start



Complete

For any questions regarding this application, please contact Meaghan Angers, Senior Program Manager, at angersm@mwhs1.com.

Which Community of Practice (CoP) opportunities are you interested in? Select all that apply. *

- ☐ Comprehensive and Team-Based Care
- ☐ Postgraduate Nurse Practitioner (NP) and/or Physician Associate (PA) Training Programs
- ☐ Health Professions Student Training

The CoPs 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 CoPs 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 CoP(s) 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