



**Central  
Texas  
Healthcare  
Partnership**

## MEMBERSHIP APPLICATION

Name of Organization (as you would like to be listed in member materials):

Address 1:

Address 2:

City

State/Zip

Organization Phone:

Fax:

Organization Website:

### Primary Contact Person Information

First Name:

Last Name and Credentials:

Contact Office Phone:

Mobile Phone:

Primary Contact Email:

### Membership Dues

Member Selection	Annual Dues	Membership Level	Member Benefits
	\$1,000	<u>Community Partner</u> <i>For organizations that are new to CTHP or just interested in participating in networking and learning events</i>	<ul style="list-style-type: none"><li>• Attend CTHP full membership meetings and events</li><li>• Quarterly Newsletter</li></ul>
	\$4,000	<u>Healthcare Strategy Team</u> <i>For education and training partners, community organizations, and other organizations seeking a seat at the table for strategic conversations around the future of Central Texas' healthcare workforce</i>	<ul style="list-style-type: none"><li>• Attend CTHP meetings and events</li><li>• Participate in CTHP working groups<ul style="list-style-type: none"><li>- K12</li><li>- Nursing Academic Practice Partnership (NAPP)</li><li>- Workforce Development Breakouts</li></ul></li><li>• Help guide the organization and develop future workgroups</li><li>• Quarterly newsletter</li><li>• If Subscription member access to Clinical Placement Weekly Reports</li><li>• Participation in Rotation to Hire Initiatives</li></ul>
	\$7,000	<u>Leadership Council</u> <i>For healthcare industry leaders</i>	<ul style="list-style-type: none"><li>• Attend CTHP meetings and events</li><li>• Participate in CTHP working groups<ul style="list-style-type: none"><li>-K12</li><li>-- Nursing Academic Practice Partnership (NAPP)</li><li>-Workforce Development Breakouts</li></ul></li><li>• Appoint two voting representatives to the Executive Council</li><li>• Monthly email updates on the organization</li></ul>

			<ul style="list-style-type: none"> <li>• Responsible for yearly budget approval and oversight</li> <li>• Responsible for developing the organization's Strategic Plan</li> <li>• Acknowledgement on the CTHP website and in other electronic communications</li> </ul>
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## Subscriptions

Recognizing that some leading organizations want to be deeply involved in strategic conversations but do not require assistance with clinical placement scheduling, the clinical placement software system is offered as an additional subscription fee. Your subscription fees including access to the clinical placement software system, clinical placement at participating hospital systems and technical support from CTHP. You are also eligible to participate in all Rotation-to-Hire practices. Subscribers are required to join CTHP at the Healthcare Strategic Team membership level or higher. Subscriptions are in addition to membership dues.

Selection	Tier	# Students	Cost per Year
Education and Training Partners			
	Tier 1 – Allied Health	0-50 Students	\$1,000
	Tier 2 – Nursing	0 – 100 students	\$5,500
	Tier 3 - Nursing	100 – 200 students	\$7,500
	Tier 4 – Nursing	200 + students	\$9,500
		Additional Programs	\$500

Selection	Tier	# placements	Cost per Year
Industry Partners			
	Tier 1	0 – 25 students	\$5,000
	Tier 2	26 – 50 students	\$10,000
	Tier 3	Unlimited	\$15,000

Committees	
<p>If you are joining at the Healthcare Strategy Team level or higher, please fill in contact information for a liaison to all the committees that your organization would like to join. If the same person will participate in more than one capacity, you may enter the name and leave the contact information blank.</p> <p>Committees meet quarterly at a mutually convenient time unless the committee's membership chooses a different schedule. Some subcommittees have task groups as well.</p>	
<b>Centralized Clinical Placement Scheduling Subcommittee</b>	
First Name:	Last Name:
Contact Office Phone:	Mobile Phone:
Contact's Email Address:	
<b>Nursing Academic Practice Partnership Subcommittee</b>	
First Name:	Last Name:
Contact Office Phone:	Mobile Phone:
Contact's Email Address:	