



Application for Governance Board and Quality Improvement Committees

Please send your completed application to: VirginiaGovernanceBoard@MagellanHealth.com

Name:

Employer:

Address:

Phone:

Email:

Other Organizational Affiliations:

Application to serve on (please choose as many as you are interested in):

- Governance Board (please check category of membership below)
- Quality Improvement Committee (QIC)
- Utilization Management Committee (UMC)
- Member Services Committee (MSC)
- Consumer, Family, Stakeholder Advisory Group (CFSAG)
- Network Strategy Committee (NSC)

Please check the category of membership you represent (Governance Board applications only):

- Executive from a private community provider or association representative
- Executive from a community service board or CSB association representative
- Health plan medical or behavioral health representative or a community health center representative
- Adult service member in care
- Family member or guardian of child or adolescent member in care
- Advocate for mental health services
- Advocate for substance use disorder services
- Municipal representative

1. If applying for a Governance Board position only, please indicate whether you are interested in serving on one of the committee's listed above if you are not selected to serve on the Governance Board: Yes No
2. Please describe in detail your background; qualifications, relevant experiences, and why you are interested in serving (use as much space as needed).
3. Please attach your resume to this application. All providers/non-member stakeholders must attach a resume. For members, a resume is encouraged but not mandated.
4. Please attach two (2) letters of reference with complete contact information to this application (one reference should be from your employer if you are currently employed).
5. Please affirm that you are willing to accept the responsibilities as detailed in the attachment describing the roles and structure of the Governance Board by typing or signing your name here:

By submitting this form, you agree to allow Magellan Healthcare, Inc. to contact the references provided and authorize such references to provide to Magellan Healthcare, Inc. information regarding your background, experience, and qualifications.