

# GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

## Committee Membership Application

GCBH, LLC ASO Committee for which you are applying:

- Clinical Crisis Providers / Quality Management Oversight**  **Credentialing**  
 **Funding & Fiscal Operations / CCO**  **Management Information Systems**  
 **Behavioral Health Advisory Board (BHAB)**

Name: \_\_\_\_\_

Position \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

List your work experience relevant to this Committee:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Summarize the strengths you would bring to the Committee:

Can you fulfill these commitments?

- ◆ Regular ongoing attendance at meetings (minimum of 1x/mo)
- ◆ Active participation during meetings
- ◆ Accept and complete assignments
- ◆ Participate in task groups for the Committee
- ◆ Help develop and carry out the intent of the GCBH LLC Committee

The GCBH LLC asks for your participation and the above commitments to this Committee for at least one year and up to three years. Your signature below indicates your commitment to this GCBH LLC Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_