NASHVILLE HEALTH CARE COUNCIL

COUNCIL FELLOWS APPLICATION SAMPLE

Please reference this copy of the Council Fellows application as you prepare to apply for the program. Keep in mind that the application, resume, and references must be submitted online. **Submissions via email will not be accepted.**

COUNCIL FELLOWS

Lead the charge in healthcare transformation? The Nashville Healthcare Council is gearing up to open applications for the 2026 Council Fellows Class, and we're looking for dynamic C-suite and senior leaders to join our esteemed cohort!

WHO SHOULD APPLY?

- Senior leaders passionate about solving complex healthcare challenges
- Executives eager to embrace and drive innovation across the industry
- C-suite leaders ready to dive deep into immersive experiences, learn from top healthcare visionaries, and build a network that will shape the future of healthcare

Name*

- First
- Last
- Suffix
- Prefix

Primary Email: *

Position/Title: *

Company/Organization: *

Parent Company *(if applicable)*:

Briefly describe your current role and responsibilities *(200 words max):* *

What do you aim to achieve through participation in the Council Fellows program? *(200 words max)* *

Candidates select one question to answer *(drop down selection)* *

1. Please identify a single challenge, issue, or problem you feel is critical to solve to transform the healthcare industry *(200 words max) :*
2. What key contribution do you plan to make to the Nashville Health Care Council and its cohort during the program? *(200 words max)*

Gender

- Male
- Female
- Gender not listed
- Prefer not to say

Preferred Pronouns

- She/her/hers
- He/him/his
- They/them/theirs
- Prefer not to say

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- Prefer not to say

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to say

Home Address: *

Mobile Phone: *

Business Phone:

Assistant Name:

Assistant Email:

Assistant Phone:

Number of Direct Reports: *

Job Title of Person to Whom You Report to:

Years with Current Employer: *

What category best describes your industry sector? * *(Please select one)*

- Accounting
- Ambulatory/Outpatient Care
- Ancillary Professional Support
- Architecture
- Banking
- Behavioral Care
- Billing Services/Claims Processing
- Biotechnology
- Clinical Laboratory Services/Testing
- Clinical Outsourcing/Contract Management
- Clinical Research
- Construction
- Consulting
- Continuing Education/Professional Development
- Dialysis/Renal Care
- Disease Management
- Educational Institution
- Health Information Technology/e-Health
- Home Care
- Hospital System/Management
- Insurance/Brokerage
- Legal Services
- Long-term Care
- Managed Care
- Marketing/Communications/Advertising
- Media/Publishing
- Medical Products/Devices
- Non-Profit
- Pharmaceuticals
- Physician Practice Management
- Private Equity
- Real Estate/Facility Development
- Rehabilitation
- Staffing Services/Executive Recruiting
- Trade Association
- Venture Capital
- Other, please describe

Is your company a member of the Nashville Health Care Council? *

- Yes
- No
- Unknown

Are you a full-time practicing clinician? *

- Yes
- No

Do you require scholarship assistance for the Council Fellows program? *

- Yes
- No

P**lease provide contact information for your two references.** At the end of your application, you will receive a link—both on the Thank You page and via a confirmation email—to share with your references. Each reference will be asked to submit a letter of recommendation on your behalf. Once all letters are received, you will be notified and your application will be considered complete. *Alternatively, once the application is live, your references may complete the recommendation form directly.*

First Reference:*

- First Name:
- Last Name:
- Title:
- Company
- Email:

Second Reference:*

- First Name:
- Last Name:
- Title:
- Company
- Email:

** **Dates of The Cohort to be Provided** **

Will you be able to fulfill the commitment to participate in the dates outlined for the program? *

- Yes
- No

Do you have the support of your employer for the time required to participate in this program? *

- Yes
- No

P**lease upload your resume. contact information for two references.** *(upload link to be provided once the application is live.)*

Interested in connecting with the Council team before you apply? Schedule a time now!