



FELLOWS

NASHVILLE HEALTH CARE COUNCIL

APPLICATION

Oct. 7th - Nov. 1st

Applications for the 2025 Cohort Open Soon

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 2025 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





FELLOWS

NASHVILLE HEALTH CARE COUNCIL

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



FELLOWS

NASHVILLE HEALTH CARE COUNCIL

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

Please provide contact information for two references. They will receive a link via email to submit a letter of recommendation on your behalf. Once received, you will be notified, and your application will be considered complete. *Alternatively, they can fill out the reference form once the application is live.*

First Reference:*

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

Second Reference:*

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

**** Dates of 2025 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

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