



FELLOWS

NASHVILLE HEALTH CARE COUNCIL

APPLICATION

Sept. 15th - Oct. 24th

Applications for the 2026 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 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*

- Prefix
- First
- Last
- Suffix

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
- Non-Binary
- I define my gender in a different way
- Prefer not to respond

Race:

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

Preferred Pronouns:

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



FELLOWS

NASHVILLE HEALTH CARE COUNCIL

Home City: *

Home State: *

Home Postal Code: *

Mobile Phone: *

Business Phone:

Assistant Name:

Assistant Phone:

Assistant Email:

Number of Direct Reports: *

Years with Current Employer: *

Job Title of Person to Whom You Report to: *

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
- Capital Investment
- Clinical Laboratory Services/Testing
- Clinical Outsourcing/Contract Management
- Clinical Research
- Construction
- Consulting
- Continuing Education/Professional Development
- Dialysis/Renal Care
- Disease Management
- Educational Institution
- Government
- 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
- Sustainability
- Trade Association
- Technology



Please check the box if you are a full-time practicing clinician.

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

- Yes
- No

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

- Yes
- No
- Unknown

Please 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 referral form directly.*

First Reference: *

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

Second Reference: *

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

2026 Cohort Dates:

- Welcome Reception
 - Date: Wednesday, January 21, 2026
 - Location: Nashville, TN
- Orientation
 - Date: Thursday, January 22, 2026 - Friday, January 23, 2026
 - Location: Nashville, TN
- Session 1
 - Date: Thursday, February 5, 2026 - Friday, February 6, 2026
 - Location: Nashville, TN
- Session 2
 - Date: Friday, February 13, 2026
 - Location: Zoom



- Session 3
 - Date: Thursday, March 5, 2026 - Friday, March 6, 2026
 - Location: Nashville, TN
- Session 4
 - Date: Thursday, March 19, 2026 - Friday, March 20, 2026
 - Location: Nashville, TN
- Session 5
 - Date: Thursday, April 9, 2026 - Friday, April 10, 2026
 - Location: Sewanee, TN
- Council DC Delegation
 - Date: Monday, April 27, 2026 - Wednesday, April 29, 2026
 - Location: Washington D.C.

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. *(upload link to be provided once the application is live.)*

Interested in connecting with the Council team before you apply? [Schedule a time now!](#)