



CICP

Colorado Indigent Care Program

Colorado Indigent Care Program Stakeholder Advisory Council Application

In accordance with 10 CCR 2505-10-8.905.D, the Executive Director of the Department of Health Care Policy and Financing is to appoint eleven (11) members to the CICP Stakeholder Advisory Council. The Advisory Council advises the Department on operations and policies for the Colorado Indigent Care Program (CICP) and makes recommendations to the Medical Services Board regarding rules for the Program.

Members of the CICP Advisory Council are appointed to represent the following seats:

- Three consumers who are eligible for CICP, or three representatives from a consumer advocate organization or a combination of each;
- One member from a federally qualified health center;
- One member from a rural health center, or from a clinic licensed or certified as a community health clinic by the Colorado Department of Public Health and Environment, or a representative from an organization that represents clinics that are not federally qualified health centers;
- One member from either Denver Health or University Hospital;
- One member from an urban hospital;
- One member from a rural or critical access hospital;
- One member from an organization of Colorado community health centers; and
- One member from an organization of Colorado hospitals.

Members are to serve for three-year terms. However, for the initial term appointments, the Executive Director has appointed six members for two-year terms and five members for three-year terms. From the eleven members, the Executive Director will select a chair for the Advisory Council who will serve as chair for a maximum of one year. Members of the Advisory Council are not compensated or reimbursed for expenses.

If you wish to apply for any vacancies, please email this application and your resume or curriculum vitae to hcpf_CICPCorrespondence@state.co.us. Please include the following subject line in your email "**CICP Advisory Council Application**".

Appointments will be announced through email and are made only in the instance that a vacancy exists. Applications will not be considered for seats that are currently filled nor will applications be accepted unless a vacancy exists.



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Name:

Organization:

Email address:

Phone number:

Mailing address:

Applying to represent:

Please provide three professional references:

Reference 1

Name:

Phone number:

Email address:

Reference 2

Name:

Phone number:

Email address:

Reference 3

Name:

Phone number:

Email address:



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Please provide a brief narrative of why you would like to serve on the CICP Stakeholder Advisory Council:



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Please provide a brief narrative of why you are qualified to serve on the CICP Stakeholder Advisory Council:



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Please provide any additional information that you would like the Executive Director to consider: