

**OMB No. 0915-0285**

Expiration Date:

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

**BOARD MEMBER CHARACTERISTICS**

<b>BOARD MEMBER NAME</b>	<b>BOARD OFFICE HELD</b>	<b>OCCUPATION / AREA OF EXPERTISE</b>	<b>INDICATE IF USER OF HEALTH CENTER SERVICES (YES/NO)</b>	<b>LIVE (L) OR WORK (W) IN SERVICE AREA</b>	<b>YEARS OF CONTINUOUS BOARD SERVICE</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Indicate # Board Members by Sex: F = \_\_\_\_\_ M = \_\_\_\_\_

Indicate # Board Members by Race/Ethnicity:

Ethnicity: Hispanic or Latino: \_\_\_\_\_

Race:

White: \_\_\_\_\_

Black/African American: \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander: \_\_\_\_\_

American Indian & Alaska Native: \_\_\_\_\_

More Than One Race: \_\_\_\_\_

**NOTES: (1) Please indicate if a board member is a special population representative (MHC, HCH, PHPC).**

**(2) MHC, HCH, and/or PHPC applicants requesting a waiver of the governance requirements must complete Form 6 – Part B and describe any alternative arrangement for addressing Board requirements including the mechanism for receiving consumer input.**

**(3) Tribal entities are exempt from Governance Requirements.**

**(4) Add additional pages if needed**