

Champion Provider Fellowship 2025 Clinician Application

Start of Block: General

Q1 Please provide complete contact information below:

First Name: (7) _____

Last Name: (6) _____

Title: (8) _____

Phone 1: (1) _____

Phone 2: (2) _____

Preferred Email: (All correspondence will be sent here) (4)

Home Zip Code: (5) _____

Q2 Credential(s): (check all that apply)

MD (1)

DO (3)

DDS (2)

DMD (4)

Other (MPH, PhD, JD, etc.): (6)

Q3 Specialty:

Q32 License Number:

Q4 How many years have you been practicing (Include years of practice from time of obtaining your medical/dental degree)?

Q5 With which race/ethnicity do you identify: (Check all that apply)

- American Indian or Alaska Native (10)
 - Asian (2)
 - Black or African American (3)
 - Hispanic or Latino (4)
 - Middle Eastern or North African (1)
 - Native Hawaiian or Pacific Islander (5)
 - White (6)
 - Other (please specify): (7)
-

Prefer not to answer (8)

Q6 Are you multi-lingual?

- Yes (1)
 - No (2)
-

Q7 Please list the languages you speak other than English:

Q8 What pronouns do you use?

- She/Her (1)
 - He/Him (2)
 - They/Them (3)
 - Other (please specify): (5)
-

Prefer not to answer (4)

Q9 Do you identify as a gender or sexual minority such as LGBTQ?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

Q35 Do you have a disability?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

Q10 Indicate the county in which you work:

▼ ----- (1) ... Yuba (62)

Q11 Please provide your employer's information:

- Employer: (7) _____
 - Supervisor's Name: (1) _____
 - Clinical Practice Site: (2) _____
 - Address : (3) _____
 - City: (4) _____
 - Zip: (6) _____
-

Q12 What population of patients do you care for? (Check all that apply)

- Infants and children (1)
 - Adolescents (2)
 - Adults (3)
 - Seniors (4)
-

Q13 Please describe any experience you have working with low-income and/or underserved communities: (200 word max)

Q14 Please describe any experience you have working with your local health department, other health collaborative, or community-based organizations: (200 word max)

Q15 Please provide a short bio including description of your background, areas of expertise, interests, and what inspires your work: (200 word max)

Q16 Please tell us why you want to be a part of the Champion Provider Fellowship. In your response, indicate how the skills/knowledge gained will be used toward obesity prevention efforts: (200 word max)

Q17 Briefly describe any projects you would like to work on as a Fellow: (200 word max)

Q18 Select the focus area(s) you are most interested in working in:

- Food Security (1)
 - Healthy Food and Beverage Standards (2)
 - Safe Routes to School (3)
 - School Wellness Policy (4)
 - Structured Physical Activity (5)
-

Q19 How did you hear about the program?

Local Health Department representative: (please specify) (1)

Champion Provider Fellow: (please specify) (2)

Conference presentation (3)

Online Search (4)

Colleague (5)

Other: (please specify) (6)

Q20 Have you spoken to your Local Health Department representative (i.e. CalFresh Healthy Living Program Project Director or Local Oral Health Program Project Director)?

Yes. Our goals and interests are aligned. (1)

No, but this conversation is being scheduled. (2)

No. Please assist me in coordinating this conversation. (3)

Q21 Is there anything else you would like us to know? (200 word max)

Q22 Are you ready to upload your *Employer Letter of Support*?

- Yes (1)
 - No (2)
 - N/A - I'm a solo practitioner (3)
-

Q23 Please upload your *Letter of Support* here:

End of Block: General
