



Board Membership Application

Application must be signed before submitting. All information on this document will be released to the public upon request.

Please return application and resume/CV to:

Alliance Health
Attn: Cindy Jones, Clerk to the Board of Directors
5200 W. Paramount Pkwy, Ste. 200
Morrisville, NC 27560

or sign, scan and submit electronically with resume/CV to
CJones@AllianceHealthPlan.org.

Contact information

1

Name _____

Primary phone number _____

Primary email address _____

Address _____ County _____
Street, P.O. Box, etc.

City _____ State _____ ZIP code _____

Eligibility to serve

2

The Alliance Board of Directors holds regular monthly meetings. Some meetings take place at one of the community offices; otherwise, meetings occur at the home office in Morrisville. Board members participate on 2-3 subcommittees based on their expertise and interests. Most board members dedicate between 6-10 hours per month on board activities, more if they choose to serve on special projects.

Candidates for board membership must be residents from one of the counties served by Alliance. Employees, family members of employees, volunteers of provider agencies or vendors contracted with Alliance, or persons with a financial interest or ownership in any such agency or vendor, are not eligible to serve.

While board members are appointed because they represent a certain community, once on the board their responsibility is to all individuals served by Alliance.

Are you a provider who has a contract or referral relationship with Alliance or do you work for or serve on a board of a provider that has a contract or referral relationship with Alliance? If so, please provide the name of the provider and your role.

Provider name _____ Role _____

Eligibility to serve
Continued

2

Do you have a contract with another LME/MCO? If so, please explain.

Are you a lobbyist under Chapter 120C of the General Statutes? If so, under what capacity?

Desire to serve

3

Based on your qualifications and experience, briefly describe how you can contribute as a board member to help Alliance achieve its vision *to be a leader in transforming the delivery of whole person care in the public sector* [AllianceHealthPlan.org/about/governance/board-of-directors/].

Relevant
experience and
expertise

Please submit
a current CV/
resume with
education, work
experience,
publications/
presentations,
awards/honors
with your
application.

4

Current occupation (if applicable) _____

Place of business/employment (if applicable) _____

List any Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange or Wake
county committees or boards on which you presently serve.

List any groups, organizations, or key decision-makers in North Carolina and
beyond that you could serve as a liaison to/advocate for on behalf of Alliance
Health.

Please review the categories below, which specify current membership
requirements, and check the applicable boxes:

- ☐ Consumer or family member representing the interest of individuals
with mental illness, intellectual or other developmental disabilities or
substance use
- ☐ CFAC (Consumer and Family Advisory Committee) member
- ☐ An individual with health care expertise and experience in the fields of mental
health, intellectual or other developmental disabilities or substance use/
addiction services
- ☐ An individual with financial expertise
- ☐ An individual with provider experience in a managed care environment
- ☐ A representative of people with mental health, intellectual/developmental
disabilities, or substance use/addiction

4

Alliance is seeking individuals with experience and expertise in strategic areas. Please review the areas below and check any applicable box(es):

☐

Human resources/talent management

☐

Insurance/managed care background

☐

Leadership/management experience

☐

Physical health background/expertise

☐

Political/community connections

☐

Technology/data analytics experience

Please tell us anything else you would like to share (feel free to include a cover letter with application).

Next step

3

• Completed applications will be reviewed by our legal and compliance team for eligibility and potential conflicts of interest within 30 days.

• You will be contacted regarding the status of your application and if applicable, to arrange an interview date.

NOTE: Final decisions on appointments to the Alliance Board are made by the respective boards of county commissioners. If appointed, all future communications will be via an agency-issued email account.

Applicant’s signature

Date (mm/dd/yyyy)

x

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4 of 4

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