



Membership Application Introduction

COMMUNITY CLINICS AND HEALTH CENTERS

Support for CPCA Mission

All CPCA members must demonstrate a commitment to support CPCA's mission to promote and facilitate equal access to quality health care for individuals and families through organized primary care clinics and clinic networks that seek to maintain cost-effective, affordable medical services, as well as meet the linguistic and cultural needs of California's diverse population.

Process

- Complete an application for appropriate membership class
- Include all required supplemental information including sponsorship letter
- Applications are submitted to the CPCA Board of Directors for approval

Membership Classes and Voting Rights

I. Community Clinics and Health Centers (Under 20,000 user 3 votes; over 20,000 users 4 votes)

Organizations that support the CPCA Mission and that satisfy the following membership criteria shall be eligible for admission to CPCA as a Community Clinics and Health Centers member:

- The organization is licensed by the State of California, Department of Public Health, pursuant to Sections 1204(a)(1) or (2) of the California Health and Safety Code, relating to "Community Clinics" or "Free Clinics," or is exempt from clinic licensure as an organization described in Section 1206(c) of the California Health and Safety Code, relating to Indian Tribal Clinics;
- The organization operates under a written policy of nondiscrimination based on the ability to pay and either charges patients on a sliding fee scale based on income and family size and has a policy of no charge;
- The organization provides a range of comprehensive primary care services, including, at a minimum, medical diagnostic and treatment services for children and adults;
- The organization provides, or has clearly established arrangements for the provision of diagnostic laboratory services, diagnostic x-ray services and pharmacy services necessary to complete treatment;
- The organization provides, or has clearly established arrangements for ensuring access to emergency services;
- The organization is governed by a governing body that is substantially composed of person's representative of the community it serves and that meets no less frequently than once a year.
- The organization satisfies such eligibility requirements as may be set forth in the CPCA bylaws or this Policy.

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2. Regional Consortia and Associations *(One vote)*

Organizations that support the CPCA Mission and that satisfy the following membership criteria shall be eligible for membership as a Regional Consortia and Association member.

- The organization is qualified as 501(c)(3) or 501(c)(4) of the Internal Revenue Code;
- The organization primarily represents or provides administrative, advocacy, and/or strategic support for clinics licensed under Section 1204(a)(1) or (2) of the California Health and Safety Code relating to Community Clinics or Free Clinics or are exempt from licensure pursuant to Section 1206(c) of the California Health and Safety Code relating to Indian Tribal clinics; and
- The organization satisfies such eligibility requirements as may be set forth in the CPCA bylaws or this Policy.

3. Affiliate *(Non-voting)*

Non-governmental organizations, businesses and individuals that support the CPCA mission and are not otherwise eligible for membership in CPCA, shall be eligible for admission to CPCA as an Affiliate Member, based on such membership criteria as may be established, from time-to-time, by the CPCA board of directors.



Membership Dues Structure

The dues payment cycle is from April 1 – March 31. Payment options are annually or monthly. Members who pay annual dues in one installment within 30 days of the beginning of the billing cycle are eligible to receive a 5% discount on the dues assessment. Dues will be prorated and billed from the time of acceptance of the membership application.

The dues structure is as follows:

1. Community Clinics and Health Centers

- 0.15% of Gross Revenue reported on each sites most recent OSHPD report.
- The minimum assessment is \$600.00 for all members with gross revenue under \$400,000.00 per year. The maximum assessment is \$24,000.00 if gross revenue is over \$16 million per year.

2. Regional Consortia and Associations

- The maximum assessment for dues is \$24,000.00. However, the dues is reduced, pro-rata, based on the number of members of the Regional Consortia or Association who are also individual members of CPCA. If all members of the Regional Consortia or Association group are also individual members of CPCA, the dues assessment is \$0.
- Example: If Association X has 10 members, and 5 of those members are also individual members of CPCA, X will pay \$12,000.00 for annual membership.
- In this example, \$24,000.00 is divided by 10 to determine a dollar equivalent for each of X's member. Since 5 of X's members also belong to CPCA individually, X's annual CPCA membership fee will be reduced by \$12,000.00

3. Affiliate Member

- Dues are \$300 for individuals and \$2,000 for business entities.



Membership Sponsorship

The CPCA Bylaws stipulate criteria for membership and procedures for membership application which include sponsorship for applicants in the clinic, consortium or affiliate category. Sponsorship of applications for membership requires a current Community Health Clinic or Regional Consortia and Association member in good standing located in the applicants service area. The sponsor must have knowledge of the applicant, give a local perspective on the applicant's compliance with the membership criteria which includes demonstrating support for the mission of CPCA.

Sponsorship Responsibilities

In order to attest to the Bylaws Committee and Board of Directors that a membership applicant complies with the criteria set forth in the CPCA Bylaws, a sponsor should:

- Have sufficient knowledge that the applicant meets the criteria for the category of membership that they are requesting.
- Submit a written declaration and summary to the Bylaws Committee (signed by the Executive Director/CEO of the sponsoring member organization) stating the fit of the applicant with CPCA's mission.

MISSION: *To strengthen its member community clinics and health centers and networks through advocacy, education, and services in order to improve the health status of their communities.*

- The written sponsorship statement must be included with the membership application packet submitted to the CPCA office.

Sample Sponsorship Statement

As the Executive Director/Chief Executive Officer of _____(your organization's name)_____, a CPCA member in good standing, I attest that I have reviewed the CPCA membership criteria and have reviewed sufficient background information to confirm that each criterion is met by _____(applicant name) _____ for membership as a _____(title of membership category)_____. If accepted into membership, I will serve as a mentor for this new CPCA member.

The following is a brief summary regarding the applicant: (prepare approximately one paragraph summary).

Questions about this applicant can be directed to me at _____(your contact information)_____.

Sincerely,

Your Name and Title

Your Organization's Name

Your Organization's contact information



DATE _____

Membership Application

COMMUNITY CLINICS AND HEALTH CENTERS

Agency or Organization

CEO/Executive Director

| | | | | |
|----------------|-------|------|-------|-----|
| Street Address | Suite | City | State | Zip |
|----------------|-------|------|-------|-----|

| | | | | |
|-----------------|----------|------|-------|-----|
| Mailing Address | P.O. Box | City | State | Zip |
|-----------------|----------|------|-------|-----|

| | |
|------------------|------------|
| Telephone Number | Fax Number |
|------------------|------------|

| | |
|--------|------------------|
| E-Mail | Internet Address |
|--------|------------------|

| | |
|---------------------------------------|------------------------------------|
| Name of Person Completing Application | Position in Agency or Organization |
|---------------------------------------|------------------------------------|

Signature

Please complete questions 1 – 16

1. Do you provide health care services? Yes No
2. Are you licensed by the State of California under section 1204 (a) (1) and (2) of the state health and safety code as either a "community clinic" or "free clinic"? Yes No Exempt from licensure under Section 1206(c)
Is this Clinic: FQHC Look-Alike Rural Free
3. Are you governed or owned by another corporate entity? If yes, include name below. Yes No

Name of entity _____

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- 4. Do you have a written policy of non-discrimination with regard to a client's ability to pay for services? Yes No
- 5. Do you provide medical diagnosis and treatment services to children and adults? Yes No
- 6. Do you provide or have clearly established arrangements for the provision of diagnostic laboratory services, diagnostic x-ray and pharmacy services necessary to complete treatment? Yes No
- 7. Do you provide or have clearly established arrangements for ensuring access to emergency services? Yes No
- 8. Do you have a community board that has written bylaws and that meets at least once a year? Yes No
- 9. Do you provide services to at least 20,000 or more medical users as documented in the most recent annual clinic utilization report required by the State of California Office of Statewide Health Planning and Development? (See *Membership Categories & Voting Rights handout in application packet.*) Yes No

10. Describe the population that you serve:

11. What geographic areas do you serve?

12. What services do you provide?

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13. What is your organization's total annual budget (include all sites)? \$ _____

14. How many users do you serve annually? (include users from all sites) _____

15. What are your reasons for seeking membership?

16. Are the supplemental application materials enclosed? Yes No

Supplemental Application Materials Check-off List

- Resolution by organization's governing body authorizing membership
- Copy of IRS 501(c)(3) letter
- Copy of clinic license from principal site, unless exempt
- Board Roster indicating community representation
- Copy of organization's bylaws
- Articles of Incorporation
- Copy of organization's most recent "Annual Utilization Report of Clinics" required by the Office of Statewide Health Planning & Development for each site.
- Copy of sponsorship letter that has been forwarded to the CPCA Bylaws committee.