



OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

Board Member Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry Yes/No	Health Center Patient Yes/No	Live or Work in Service Area	Special Population Representative (If yes, specify Special Population)

PATIENT BOARD MEMBER CLASSIFICATION	
Gender	Number of Patient Board Members
Male	
Female	
Unreported/Declined to Report	
Ethnicity	Number of Patient Board Members
Hispanic or Latino	
Non-Hispanic or Latino	
Unreported/Declined to Report	
Race	Number of Patient Board Members
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More Than One Race	
Unreported/Declined to Report	

Note: The question below is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.

If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes	No	N/A
If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.		

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 30 minutes 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 14N-39, Rockville, Maryland, 20857.

Instructions for Form 6A: Current Board Member Characteristics

The list of board members will be pre-populated from your last LAL submission. **You must update pre-populated information as appropriate.**¹ Public centers with co-applicant health center governing boards must list the co-applicant board members.

- List all current board members; current board office held for each board member, if applicable (e.g., Chair, Treasurer); and each board member’s area of expertise (e.g., finance, education, nursing). Do not list the CEO or other health center employees.²
- Indicate if the board member derives more than 10 percent of income from the health care industry.
- Indicate if the board member is a health center patient. A patient board member must be a currently registered patient of the health center and must have accessed the health center in the past 24 months to receive at least one in-scope service that generated a documented health center visit.
- Indicate if the board member lives and/or works in the service area.
- Indicate if the board member is a representative of/for a special population (i.e., persons experiencing homelessness, migratory and seasonal agricultural workers and families, residents of public housing).
- Indicate the total gender, ethnicity, and race of board members who are patients of the health center.

Note:

- Indian tribes or tribal, Indian, or urban Indian organizations are not required to complete this form, but may include information, as desired.
- If you are requesting a waiver of the 51% patient majority board composition requirement (see below), you must list your board members, NOT the members of any advisory council.

¹ Refer to PIN 2014-01: [Health Center Program Governance](#) for information on Governance requirements.

² The CEO may serve only as a non-voting, ex-officio board member and is generally only a member by virtue of being CEO of the health center.