



PRODUCER ADVISORY BOARD APPLICATION FORM

NAME:

COMPANY:

ADDRESS:

PHONE NUMBER:

EMAIL:

Commitment:

- ◆ Meetings will be conducted virtually on a quarterly basis. They will be confidential but not anonymous.

Eligibility:

- ◆ Must be contracted with OneShare Health and in good standing
- ◆ Must commit to attending at least 3 meetings per year
- ◆ Ability to collaborate and think strategically
- ◆ Willing to serve as a positive ambassador for OneShare Health

Question 1: What do you hope to accomplish through the Producer Advisory Board?

Question 2: Why should you be selected as a Producer on our advisory board?

Question 3: What are 3 topics you would like to discuss during our quarterly meetings?

Application Deadline:

- ◆ Once complete, please email this form to mberndt@onsharehealth.com by June 1st.