

## CHC-U CAMPUS CRITERIA CHECKLIST

### Section A - Interview Information

1. Date:	
2. Interviewer:	
3. Interviewee Name:	
4. Interviewee E-Mail Address:	

### Section B - Health Center / Consortium Information

1. Health Center / Consortium:	
2. Address:	
3. City:	
4. State:	
5. Zip:	

### Section C - Health Center / Consortium Capacities

Item	Yes	No	Comments:
1. Has approximately 15 or more FTE licensed clinicians with at least 1 physician:			
2. Has access to Internet:			
3. Has conference room space available for periodic teaching and / or testing of students:			
4. Has any conditions on the PHS 330 grant:			
5. Has licensed / certified clinical staff willing to incorporate teaching into their day-to-day work:			
6. Has an individual currently on staff who would be a candidate to serve as "Regional Director of Medical Education" for the campus:			
7. Has an interprofessional care model:			

### Section D - Health Center / Consortium Collaborations

Item	Yes	No	Comments:
1. Has hospital(s) relationship(s) that can provide the emergency room experience, surgery experience, and in-patient care exposure: 1 a. Hospital Name: _____ 1 b. Hospital Name: _____			
2. Currently partners with an educational institution program(s): 2 a. Partner's Name: _____ 2 b. Partner's Name: _____			

### Section E - Health Center / Consortium Accreditation

# CHC-U

College for Healthy Communities & the Under-Served

Item	Yes	No	Comments:
1. Is currently accredited: 1 a. Accreditor's Name: _____			
2. Is currently recognized as a Patient-Centered / Primary Care Medical Home (PCMH): 2 a. Organization Providing PCMH Recognition: _____ 2 b. If NCQA recognized, which Level 1, 2, or 3: _____			

## Section F - Additional Comment

1. If you have any additional comments, please enter them here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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