



## INTRO

Meaningful, dedicated collaborations are the foundation for all success. The Alabama Primary Health Care Association believes in facilitating access to dependable and quality service partners. APHCA's

## WHO ARE OUR MEMBERS?

APHCA's members include 17 of Alabama's Federally Qualified Health Centers and their 165 delivery sites, FQHC Look-Alikes, HIV/AIDS service providers, behavioral health providers, and other safety net stakeholders.

## ADVANTAGES OF REFERRAL COLLABORATIONS

Recruiting in primary care comes with a unique set of challenges. Not only is it difficult to recruit providers and allied health care in rural areas, but health centers generally serve a population with complex health conditions that is aging and becoming increasingly diverse. Furthermore, FQHCs are typically not equipped with a full-time recruiter on staff to effectively strategize and market opportunities and interview candidates to ensure a good fit.

As the voice for community health centers, APHCA recognizes these challenges and has strategically developed a Recruiting Referral Program to offer its members access to experienced recruiters from various reputable firms who have years of experience recruiting for rural and underserved areas. By collaborating with APHCA, recruiting firms can gain access to member organizations and can positively impact the community health center network by offering reduced time-to-hire, cost reductions and quality of hire.

## Who can be a Referral Collaborator?

APHCA's Recruiting Referral Program was developed for recruiting firms that wish to build long lasting, successful relationships with APHCA and its members. Eligible collaborators include representatives from contingency and retained firms offering permanent placements for both medical providers and allied health workers and must be approved through APHCA's application process. From direct introduction of key stakeholders to opportunities for presentation and showcase, to opportunities for key collaboration—referral status with APHCA opens doors to better know and understand Alabama's safety net arena thus providing a recruiting pipeline for the future.

### Referral Collaborator Benefits

- Subscription to APHCA's Monthly Newsletter
- Subscription to APHCA's Action Alerts
- Company profile and link on the APHCA website
- Notification and invitation to APHCA sponsored conferences and workshops
- Personal introduction letter mailed to each Alabama CHC CEO from APHCA's CEO
- Use of APHCA name on your promotional items citing referral partner status

### Application Process

APHCA will contract with no more than 4 recruiting firms at one time in order to allow a competitive, streamlined referral environment for its members. Interested recruiting firms must complete an application and provide 3 references of active contractees. Once the application is processed, evaluated and scored, the firm will be notified of the decision within 10 business days. If selected as a referral partner, the firm will be provided with follow-up paperwork and the initiation process will follow.

### Contact Us

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# APHCA Recruiting Vendor Application

## Company Information

Corporation or Organization Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

What type of services does your company provide (select all that apply):

Contingency     Retain     Other \_\_\_\_\_

Years in business: \_\_\_\_\_ Years of experience with FQHCs: \_\_\_\_\_

Company / Organization Mission \_\_\_\_\_

Area / Region / State(s) of Operation \_\_\_\_\_

Is your company currently providing services to Alabama FQHCs? If so please list below:

Has your company supported or sponsored and APHCA event in the past?     Yes     No

Does your company plan to support or sponsor an upcoming APHCA event?     Yes     No

Please provide three business references for which you currently provide services:

Business Name	Primary Contact	Phone Number
Business Name	Primary Contact	Phone Number
Business Name	Primary Contact	Phone Number

## Authorization

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_