



Item V.B.1.b.

Aitkin County Health & Human Services

204 FIRST STREET NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

Advisory Committee Application Form

NAME: Cynthia (Cindy) L Chuhanic
(First) (MI) (Last)
Address: 27289 437th Place Home Phone: _____
Aitkin, MN 56431 Business Phone: _____
Cell Phone: 612-618-0797
Employer: Chuhanic Inc. Occupation: Owner, The Joint
Email Address: cchuhanic@yahoo.com

1. Please state your reason for applying:

I worked in healthcare for over 30 years. Since opening my own business I realized that I really missed healthcare and by being part of this Board I am able to have some input on what is going on in Aitkin Public Health and Services. I have been on this Board for the past 2 years and I think that I have shared/learned some valuable insight on our communities well being in these difficult times.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

When I first decided to go to grad school I started in Public Health and later changed to Healthcare Administration. By doing this I was able to look at the whole healthcare business models and have some expertise in all the above areas. I was also a manager for Clinical Trials for major pharmaceuticals and this degree helped in managing the trials that I was managing.

3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Wednesday of each month.
4. Are you able to attend at least 10 meetings per year? Yes No
5. Would you be willing to serve a one-year or a two-year term? 1-Year 2-Year

Signature of Applicant: *Cynthia Chuhanic* Date: 12-10-20

PLEASE COMPLETE AND SUBMIT THIS
APPLICATION TO:

Aitkin County Health & Human Services Attention:
Shawn Speed
204 - 1st Street NW
Aitkin, MN 56431
Questions? Call: 218-927-7203 or 1-800-328-3744

An Equal Opportunity Employer

MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Cynthia (Cindy) Chuhanic

STREET ADDRESS OF APPLICANT:

27289 437th Pl

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 612-618-0797

EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT 2

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

Please see attached CV

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Cindy Chuhanic
Signature of Applicant

12-10-20
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes No

Is this application submitted at the suggestion of appointing authority? Yes No

Please return application to Aitkin County Health & Human Services C/O Shawn Speed,
204 - 1st Street NW, Aitkin, MN 56431

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____