



HEALTHCARE CULTURAL ACCOUNTABILITY COUNCIL

NOMINATION & APPLICATION FORM

The Healthcare Cultural Accountability Council (HCAC) ensures that UAI's healthcare services remain culturally grounded, guided by Native values, and accountable to the Indigenous community of Los Angeles. Members provide advice on cultural practices in patient care, clinic environment and health program design.

Section 1 – Applicant information

Full name: _____

Tribal affiliation(s): _____

(If applicable, please indicate enrollment status or heritage connection)

Pronouns: _____

Mailing address: _____

City/State/ZIP: _____

Phone number: _____

Email address: _____

Section 2 – Eligibility & representation

Please check any that apply:

- Tribal cultural leader / Elder
- Indigenous healthcare professional (clinical or administrative)
- Healthcare advocate or community leader
- UAI board member
- UAI healthcare program staff member
- Other:

Section 3 – Nomination Type

- Self-nomination** – I am applying to serve on the HCAC.
- Third-party nomination** – I am nominating the individual named above.

If third-party nomination:

Nominator name: _____

Nominator phone/email: _____

Section 4 – Experience & qualifications

Please attach a résumé/CV or provide responses below (attach extra pages if needed):

1. Briefly describe your connection to the Native community and UAI's healthcare mission:

2. Describe your cultural knowledge, traditional healing experience or expertise in culturally grounded healthcare:

3. List any relevant community service, leadership, or advisory roles you have held:

4. What unique perspectives or contributions would you bring to the HCAC?

Section 5 – Commitment

HCAC members are expected to:

- Attend scheduled meetings (in person or virtually)
- Review materials in advance and provide feedback
- Serve as a cultural and community voice for UAll healthcare services
- Uphold confidentiality and cultural respect

By signing below, I confirm my willingness and ability to serve if appointed.

Signature: _____ Date: _____

Submission instructions:

Please submit your completed form and any supporting materials by **September 30**.

Email: Aiko Little (alittle@uaii.com)

Mail/In-person: UAll headquarters (1453 West Temple Street, Los Angeles, CA 90026)

Questions? Contact Aiko Little at alittle@uaii.com or 213-202-3970, ext. 7251