



# 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:	Cindy	L	Chuhanic
	(First)	(MI)	(Last)
Address:	27289 437th Place		Home Phone: 218-678-3668
			Business Phone: 218-678-3799
	Aitkin	MN	56431
			Cell Phone: 612-618-0797
Employer:	The Joint, Bennettville		Occupation: Owner
Email Address:	cchuhani@yahoo.com		

1. Please state your reason for applying:

I have 35 years of experience in the healthcare field. I have a 2 year degree in Medical lab tech, Bachelors in business, and a Masters in Health Care Administration.

I was a lab tech in several different locations, worked in pathology at Methodist Hosp, worked for 2 different medical device companies in the cities in clinical research and pharmaceutical clinical research for 18 years.

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

I did classroom work towards my Masters in Public Health before switching to Healthcare Administration. I have done clinical studies in vaccines and feel very strong towards working with the community.

Many people who need this type of programs may not be aware that they are available. Seniors are left without knowledge of what programs that they are eligible for or how to get them.

I am a member of the Aitkin Chamber and am trying to be involved in their programs.

I have also been part of the Christmas gift program through the Moose Club for 15 years.

3. Are you able to attend meetings during the day?  Yes  No

Currently meetings are held at 3:30pm 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: *Cindy Chuhanic*

Date: 1-7-2019

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

**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: Cindy Chuhanic

STREET ADDRESS OF APPLICANT:

27289 437th Place

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 612-618-0797

EVENINGS 612-618-0797

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)

35 years in medical field, 18 in Clinical Research  
Laboratory Technician and Bachelor's in Business  
1.5 yrs classroom in Masters Public Health Program  
Masters in Health Care Administration  
Member of Aitkin Chamber of Commerce  
Member of Women of the Moose  
Own business for 4.5 years. Have increased business every year since I took over.  
Understand the need for public health programs and would like to work on ways to get the public awareness and implementation.  
Need for programs for Seniors and help them understand them.  
Help people get into the work force and stay." Not rely on living on the System as a way of life", rather that it is there to help you move forward.  
Programs for children that need that little extra attention that they don't receive in the home, family life or school.

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

1-7-2019

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 the Aitkin County Health & Human Services office, located at  
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_