OHSU Healthcare Cultural Advocacy Team (CAT) -
Background Information and Application

BACKGROUND
OHSU Healthcare leadership approved the Healthcare Diversity Strategic Plan with specific diversity-related goals in May 2009. One of the goals was to establish the OHSU Healthcare Cultural Advocacy Team (CAT) to ensure the culture of inclusion among all employees and recommend diversity, inclusion and cultural competency initiatives for the OHSU Healthcare mission. CAT programs are funded by the Healthcare Administrative Team. The 16-member CAT was established in July 2009. Membership terms on the CAT vary from one to three years. Annually a certain number of positions will become open for new applicants.

INSTRUCTIONS FOR COMPLETION
Those interested in serving on the CAT should review the position description for membership and advise their immediate supervisor of their desire to serve and of the time commitment involved (48 hours annually sponsored by individual departments). Supervisors will acknowledge their support by signing and dating the application form; the applicant must also sign and date the form.

To complete the CAT application form, please provide specific information to illustrate how your background, interests, and skills meet the qualifications as described below. Please attach your resume. You may also attach additional pages as needed.

In addition to your supervisor, submit the name of a reference who can speak to your experience with and interest in fostering diversity, inclusion, and cultural competency among individuals with diverse backgrounds or experiences.

SELECTION PROCESS AND NEXT STEPS
- Send your application to Riikka Salonen, Program Manager, Diversity & Inclusion, Healthcare Human Resources via internal mail: Mail code: SJH4R, fax: 503.494.1232 or email: cat@ohsu.edu.
- All healthcare employees who indicate interest will be considered.
- Healthcare Human Resources will verify the references.
- The current OHSU Healthcare Cultural Advocacy Team will select the new CAT members from among those who submitted applications.
- All applicants will be contacted regarding the results of the nominations.
- Applications of qualified individuals not selected for initial service will be kept on file for future vacancies.

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CAT Membership Requirements

Background

It is *preferred* that members demonstrate:

- Respect, empathy, and humility in working with cultural and linguistic differences.
- Successful participation in high performing, diverse teams.
- Coursework and/or experience that provided exposure to tenets of cultural competence and/or diversity advocacy.

Please note:

- Bicultural individuals, members of ethnic or cultural minority groups, members of the LGBT community, persons with disabilities, immigrants, and/or refugees are encouraged to apply.

Experience

It is *required* that members have:

- An overall performance appraisal indicating OHSU core competencies at or above fully proficient.
- No current disciplinary action on file.

It is *preferred* that members have:

- Performance ratings that excel.
- Experience that demonstrates personal passion to achieve cultural inclusion and sensitivity at OHSU.

Knowledge, Skills, and Abilities

It is *required* that members have:

- Working knowledge of the OHSU Code of Conduct.

Certifications. Licensures, Registrations, or Memberships

It is *preferred* that members have:

- Membership in organizations promoting cultural competency and diversity advocacy and/or participation in related projects or activities.

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CAT Applicant Information

Name: _____ Position: _____

Department: _____ Your Phone: _____

Your Email: _____ Your mail code: _____

Supervisor: _____ Phone: _____

Supervisor's Email: _____ Supervisor's mail code: _____

Your Interest & Qualifications

Please tell us why you are interested in serving on the CAT and describe what background, experience, skills, knowledge and abilities you would bring in service as a Cultural Advocate for OHSU Healthcare.
(Attach additional pages if desired):

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reference (Other than OHSU Supervisor)

Name: _____

Position: _____ Organization: _____

Email: _____ Phone: _____

Relationship to Applicant: _____